| Fill in this information to identify your case: |                               |                                    |
|---|-------------------------------|------------------------------------|
| United States Bankruptcy Court for the:         |                               |                                    |
| DISTRICT OF OREGON                              | _                             |                                    |
| Case number (if known)                          | Chapter you are filing under: |                                    |
|   | Chapter 7                     |                                    |
|   | ☐ Chapter 11                  |                                    |
|   | ☐ Chapter 12                  |                                    |
|   | ☐ Chapter 13                  | Check if this is an amended filing |

# Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | identity Yourself  |  |   |
|-----|--|--|---|
|     |  | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):                     |
| 1.  | Your full name   |  |   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | Jason First name  Andrew Middle name  Lewis Last name and Suffix (Sr., Jr., II, III) | First name  Middle name  Last name and Suffix (Sr., Jr., II, III) |
| 2.  | All other names you have used in the last 8 years Include your married or maiden names.  | e e e e e e e e e e e e e e e e e e e  |   |
| 3.  | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN)   | xxx-xx-9136  |   |

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |  |  |  |
|----|--|---|---|--|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ☐ I have not used any business name or EINs.  FDBA Lyft  Business name(s)  EINs   | ☐ I have not used any business name or EINs.  Business name(s)  EINs  |  |  |  |
| 5. | Where you live   | 4111 NE Broadway St Apt 206<br>Portland, OR 97232   | If Debtor 2 lives at a different address:   |  |  |  |
|    |  | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code  |  |  |  |
|    |  | Multnomah   |   |  |  |  |
|    |  | County  | County  |  |  |  |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.                                       | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  |  |  |  |
|    |  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code  |  |  |  |
| 6. | Why you are choosing this district to file for bankruptcy  | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) |  |  |  |
|    |  |   |   |  |  |  |

| <b>'</b> . | The chapter of the Bankruptcy Code you are  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |                                 |                                       |   |   |         |
|------------|---|---|---------------------------------|---------------------------------------|---|---|---------|
|            | choosing to file under  | ■ Ch  | apter 7                         |                                       | •   |   |         |
|            |   | ☐ Ch  | apter 11                        |                                       |   |   |         |
|            |   | ☐ Ch  | apter 12                        |                                       |   |   |         |
|            |   | ☐ Ch  | apter 13                        |                                       |   |   |         |
| •          | How you will pay the fee  |   | about how yo                    | ou may pay. Typio<br>attorney is subm | cally, if you are paying the fee yo                                     | with the clerk's office in your local court for more urself, you may pay with cash, cashier's check, o alf, your attorney may pay with a credit card or che | r mone  |
|            |   |   | I need to pa                    | y the fee in insta                    |   | n, sign and attach the Application for Individuals  | to Pay  |
|            |   |   | •                               |                                       | (Official Form 103A).   | only if you are filing for Chapter 7. By law, a judg  | ne mav  |
|            |   |   | but is not rec<br>applies to yo | uired to, waive your family size and  | our fee, and may do so only if yo<br>I you are unable to pay the fee ir | installments). If you choose this option, you mus ial Form 103B) and file it with your petition.  | line th |
|            | Have you filed for bankruptcy within the  | ■ No.   |                                 |                                       |   |   |         |
|            | last 8 years?   | ☐ Yes   | 3.                              |                                       |   |   |         |
|            |   |   | District                        |                                       | When  | Case number   |         |
|            |   |   | District                        |                                       | When  | Case number   |         |
|            |   |   | District                        |                                       | When  | Case number   |         |
| 0.         | Are any bankruptcy cases pending or being   | ■ No  |                                 |                                       |   |   |         |
|            | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | ☐ Yes   | 5.                              |                                       |   |   |         |
|            |   |   | Debtor                          | -                                     |   | Relationship to you   |         |
|            |   |   | District                        |                                       | When  | Case number, if known   |         |
|            |   |   | Debtor                          |                                       |   | Relationship to you   |         |
|            |   |   | District                        |                                       | When  | Case number, if known   |         |
|            |   | □ No.   | . Go to                         | line 12.                              |   |   |         |
| 1.         | Do you rent your  |   |                                 | أعلم امتمالمتما مامدة                 | ned an eviction judgment agains   | you?  |         |
| 1.         | Do you rent your residence?   | ■ Yes   | s. Has yo                       | our iandiord obtai                    | nod an oviolion jaaginioni agamo  |   |         |
| 1.         |   | _   | s. Has yo<br>■                  | No. Go to line 1                      | , ,   |   |         |

Case number (if known)

Debtor 1 Jason Andrew Lewis

| Deb | otor 1 Jason Andrew Lev   | wis       |                            |                                       | Case number (if known)   |
|-----|---|-----------|----------------------------|---------------------------------------|--|
|     |   |           |                            |                                       |  |
| Par | t 3: Report About Any Bu  | sinesses  | You Owr                    | as a Sole Proprie                     | tor  |
| 12. | Are you a sole proprietor of any full- or part-time business?   | ■ No.     | Go to                      | Part 4.                               |  |
|     |   | ☐ Yes.    | Name                       | and location of bus                   | siness   |
|     | A sole proprietorship is a  |           | Nome                       | of husiness if any                    |  |
|     | business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |           |                            | of business, if any                   |  |
|     | If you have more than one sole proprietorship, use a separate sheet and attach  |           | Numb                       | er, Street, City, Sta                 | te & ZIP Code  |
|     | it to this petition.  |           | Chec                       | k the appropriate bo                  | ox to describe your business:  |
|     |   |           |                            | Health Care Busin                     | ness (as defined in 11 U.S.C. § 101(27A))  |
|     |   |           |                            | Single Asset Rea                      | Estate (as defined in 11 U.S.C. § 101(51B))  |
|     |   |           |                            | Stockbroker (as d                     | efined in 11 U.S.C. § 101(53A))  |
|     |   |           |                            | Commodity Broke                       | er (as defined in 11 U.S.C. § 101(6))  |
|     |   |           |                            | None of the above                     | e  |
| 13. | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?                           | deadlines | s. If you ir<br>s, cash-fl | dicate that you are ow statement, and | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure |
|     | For a definition of small   | ■ No.     | I am r                     | not filing under Cha <sub>l</sub>     | oter 11.   |
|     | business debtor, see 11 U.S.C. § 101(51D).  | □ No.     | I am f<br>Code             | •                                     | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy   |
|     |   | ☐ Yes.    | I am f                     | iling under Chapter                   | 11 and I am a small business debtor according to the definition in the Bankruptcy Code.  |
| Par | t 4: Report if You Own or   | Have Anv  | Hazardo                    | ous Property or An                    | y Property That Needs Immediate Attention  |
| 14. | Do you own or have any  | ■ No.     |                            |                                       |  |
|     | property that poses or is alleged to pose a threat  | ☐ Yes.    |                            |                                       |  |
|     | of imminent and   | □ 1es.    | What is                    | the hazard?                           |  |
|     | identifiable hazard to public health or safety?   |           |                            |                                       |  |
|     | Or do you own any   |           | If immed                   | liate attention is                    |  |
|     | property that needs immediate attention?  |           |                            | why is it needed?                     |  |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?                 |           | Where is                   | s the property?                       |  |
|     | -   |           |                            |                                       | Number, Street, City, State & Zip Code   |
|     |   |           |                            |                                       |  |
|     |   |           |                            |                                       |  |
|     |   |           |                            |                                       |  |

#### Part 5:

#### Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Der | Jason Andrew Le   | WIS  |   | Case numb   |   |  |  |  |  |
|-----|---|--|---|---|---|--|--|--|--|
| Par | t 6: Answer These Questi  | ions for Re  | eporting Purposes   |   |   |  |  |  |  |
| 16. | What kind of debts do you have?   | 16a.   | individual primarily for a per  | consumer debts? Consumer debts are de sonal, family, or household purpose."   | fined in 11 U.S.C. § 101(8) as "incurred by an  |  |  |  |  |
|     |   |  | ☐ No. Go to line 16b.   |   |   |  |  |  |  |
|     |   |  | Yes. Go to line 17.   |   |   |  |  |  |  |
|     |   | 16b.   | <b>Are your debts primarily business debts?</b> Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. |   |   |  |  |  |  |
|     |   |  | ☐ No. Go to line 16c.   |   |   |  |  |  |  |
|     |   |  | ☐ Yes. Go to line 17.   |   |   |  |  |  |  |
|     |   | 16c.   | State the type of debts you   | owe that are not consumer debts or busine   | ess debts   |  |  |  |  |
| 17. | Are you filing under<br>Chapter 7?  | □ No.  | I am not filing under Chapte  | er 7. Go to line 18.  |   |  |  |  |  |
|     | Do you estimate that<br>after any exempt<br>property is excluded and                    | ■ Yes.   |   | Do you estimate that after any exempt provailable to distribute to unsecured creditors                                    | perty is excluded and administrative expenses s?  |  |  |  |  |
|     | administrative expenses   |  | ■ No  |   |   |  |  |  |  |
|     | are paid that funds will<br>be available for<br>distribution to unsecured<br>creditors? |  | □Yes  |   |   |  |  |  |  |
| 18. | How many Creditors do you estimate that you owe? □ 50-9 □ 100-                          |  | 99  | □ 1,000-5,000<br>□ 5001-10,000<br>□ 10,001-25,000   | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than100,000   |  |  |  |  |
|     |   | 200-99   |   |   |   |  |  |  |  |
| 19. | How much do you estimate your assets to be worth?                                       | □ \$100,0  | 50,000<br>01 - \$100,000<br>001 - \$500,000<br>001 - \$1 million  | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |  |  |  |  |
| 20. | How much do you estimate your liabilities to be?  | ☐ \$100,0  | 50,000<br>01 - \$100,000<br>001 - \$500,000<br>001 - \$1 million  | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |  |  |  |  |
| Par | t 7: Sign Below   |  |   |   |   |  |  |  |  |
| For | you   | I have ex  | amined this petition, and I de  | clare under penalty of perjury that the info  | rmation provided is true and correct.   |  |  |  |  |
|     |   |  |   | 7, I am aware that I may proceed, if eligible relief available under each chapter, and I c                                | e, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7.  |  |  |  |  |
|     |   | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). |   |   |   |  |  |  |  |
|     |   | I request  | relief in accordance with the   | chapter of title 11, United States Code, sp   | ecified in this petition.   |  |  |  |  |
|     |   | bankrupto<br>and 3571  | cy case can result in fines up  | t, concealing property, or obtaining money to \$250,000, or imprisonment for up to 20                                     | or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519,                                   |  |  |  |  |
|     |   | Jason A  | n Andrew Lewis Andrew Lewis e of Debtor 1   | Signature of Debt   | or 2  |  |  |  |  |
|     |   | Executed   | on September 12, 2019   | 9 Executed on   |   |  |  |  |  |
|     |   |  | MM / DD / YYYY  |   | M / DD / YYYY   |  |  |  |  |

| Debtor 1 | Jason Andrew Lewis | Case number (if known) |  |
|----------|--------------------|------------------------|--|
|          |                    |                        |  |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Brian V     |                        | Date          | September 12, 2019      |
|-----------------|------------------------|---------------|-------------------------|
| Signature of    | Attorney for Debtor    |               | MM / DD / YYYY          |
| Brian Whe       | eler 92195             |               |                         |
| Printed name    |                        |               |                         |
| Brian Whe       | eeler                  |               |                         |
| Firm name       |                        |               |                         |
| 3939 NE H       | lancock Street         |               |                         |
| Suite 304       |                        |               |                         |
| Portland,       | OR 97212               |               |                         |
| Number, Street, | City, State & ZIP Code |               |                         |
| Contact phone   | 503 284 0994           | Email address | brian@brian-wheeler.com |
| 92195 OR        |                        |               |                         |
| Bar number & S  | tate                   |               |                         |

# **United States Bankruptcy Court District of Oregon**

| In re  | Jason Andrew Lewis   | _  | Case No.                             |                                     |
|--------|--|--|--------------------------------------|-------------------------------------|
|        |  | Debtor(s)  | Chapter                              | 7                                   |
|        | DISCLOSURE OF COMPENS  | SATION OF ATTORN   | NEY FOR DE                           | EBTOR(S)                            |
| c      | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b) ompensation paid to me within one year before the filing of the rendered on behalf of the debtor(s) in contemplation of the debtor of the de | of the petition in bankruptcy, or                          | agreed to be paid                    | to me, for services rendered or to  |
|        | For legal services, I have agreed to accept  |  | \$                                   | 1,079.00                            |
|        | Prior to the filing of this statement I have received  |  | \$                                   | 1,079.00                            |
|        | Balance Due  |  | \$                                   | 0.00                                |
| 2. \$  | 335.00 of the filing fee has been paid.  |  |                                      |                                     |
| 3. Т   | The source of the compensation paid to me was:   |  |                                      |                                     |
|        | ■ Debtor □ Other (specify):  |  |                                      |                                     |
| 4. Т   | The source of compensation to be paid to me is:  |  |                                      |                                     |
|        | ■ Debtor □ Other (specify):  |  |                                      |                                     |
| 5. l   | I have not agreed to share the above-disclosed compen  | sation with any other person un                            | less they are mem                    | bers and associates of my law firm. |
| I      | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the name.   |  |                                      |                                     |
| 6. ]   | n return for the above-disclosed fee, I have agreed to rend  | er legal service for all aspects of                        | f the bankruptcy c                   | ease, including:                    |
| b<br>c | <ul> <li>Analysis of the debtor's financial situation, and renderir</li> <li>Preparation and filing of any petition, schedules, statem</li> <li>Representation of the debtor at the meeting of creditors</li> <li>[Other provisions as needed]</li> </ul>  | ent of affairs and plan which m                            | ay be required;                      |                                     |
| 7. F   | By agreement with the debtor(s), the above-disclosed fee defense Representation of the debtors in any discharge any other adversary proceeding or contest preparing documents to add creditors, app  | nargeability actions, judicia<br>ted matters, appearance a | al lien avoidance<br>t any discharge | or reaffirmation hearing,           |
|        |  | CERTIFICATION  |                                      |                                     |
|        | certify that the foregoing is a complete statement of any a ankruptcy proceeding.  | greement or arrangement for pa                             | syment to me for re                  | epresentation of the debtor(s) in   |
| Se     | eptember 12, 2019  | /s/ Brian Wheeler  |                                      |                                     |
|        | ate  | Brian Wheeler 9219   | 5                                    |                                     |
|        |  | Signature of Attorney Brian Wheeler                        |                                      |                                     |
|        |  | 3939 NE Hancock S  | treet                                |                                     |
|        |  | Suite 304  |                                      |                                     |
|        |  | Portland, OR 97212<br>503 284 0994 Fax:                    |                                      |                                     |
|        |  | brian@brian-wheel  |                                      |                                     |
|        |  | Name of law firm   |                                      |                                     |
|        |  | J J.   |                                      |                                     |

# UNITED STATES BANKRUPTCY COURT DISTRICT OF OREGON

|   | DISTRICT C             | OF OREGON                           |                             |  |
|---|------------------------|-------------------------------------|-----------------------------|--|
| In re   | ) Case N               | Vo                                  | (If Kno                     | own)                                       |
| Jason Andrew Lewis  | )                      | TED 7 INDIVIDUAL                    | DEDTODIG*                   |  |
|   |                        | TER 7 INDIVIDUAL<br>EMENT OF INTENT |                             |  |
| Debtor(s)   |                        | 1 U.S.C. §521(a)                    | . ,                         |  |
| MPORTANT NOTICES TO DEBTOR(S):  |                        |                                     |                             |  |
| .Complete, sign and file this form even if you have reditors are listed, make sure the certificate of service   |                        | roperty of the estate or            | personal property subjec    | t to unexpired leases. If                  |
| 2. Failure to perform the intentions as to property stat  | ed below within 30 da  | ays after the first date            | set for the Meeting of Cre  | editors                                    |
| under 11 USC §341(a) may result in relief for the cre-  | ditor from the Automa  | atic Stay protecting such           | ch property.                |  |
| <b>PART A -</b> Debts secured by property of the estate. (additional pages is necessary.)   | Part A must be fully c | ompleted for <b>each</b> del        | bt which is secured by pro  | operty of the estate. Attach               |
| ■ IF NONE - Check this box.   |                        |                                     |                             |  |
| Property No. 1  |                        |                                     |                             |  |
| Creditor's Name:  |                        | Describe Prope                      | erty Securing Debt:         |  |
| Property will be (check one): ☐ SURRENDERED   | ☐ RETAINED             |                                     |                             |  |
| If retaining the property, I intend to (check at least o  ☐ Redeem the property ☐ Reaffirm the debt ☐ Other. Explain (for example, avoid lien using 11) |                        |                                     |                             |  |
| Property is (check one): ☐ CLAIMED AS EXEMI   | PT   NOT CLAIM         | MED AS EXEMPT                       |                             |  |
| PART B - Personal property subject to unexpired lead bages if necessary.)  IF NONE - Check this box.  | ses. (All three column | ns of Part B must be co             | ompleted for each unexpir   | red lease. Attach additional               |
| Property No. 1  | ]                      |                                     |                             |  |
| Lessor's Name:  | Describe Leased Pr     | operty:                             | §365(p)(2)                  | ssumed pursuant to 11 USC YES □ NO         |
| Continuation sheets attached (if any).  |                        |                                     |                             |  |
| I DECLARE UNDER PENALTY OF PERJURY THAT 'I<br>INDICATES INTENTION AS TO ANY PROPERTY (<br>SECURING A DEBT AND/OR PERSONAL PROPER<br>AN UNEXPIRED LEASE. | OF MY ESTATE           |                                     | <u> LOCAL FORM #715 WEI</u> | AT COPIES OF BOTH THIS<br>RE SERVED ON ANY |
| DATE: September 12, 2019  |                        | DATE: Septem                        | nber 12, 2019               |  |
| /s/ Jason Andrew Lewis  |                        | /s/ Brian Whee                      | ler                         | 92195 OR                                   |
| DEBTOR'S SIGNATURE  |                        | DEBTOR OR ATT                       | ORNEY'S SIGNATURE           | OSB# (if attorney)                         |
| JOINT DEBTOR'S SIGNATURE (If applicable)  |                        | JOINT DEBTOR'S                      | SIGNATURE (If applicable    | e and no attorney)                         |
|   |                        | Brian Wheeler                       |                             |  |
|   |                        |                                     | SIGNER'S NAME & PHON        | E NO.                                      |
|   |                        | 3939 NE Hanco<br>Suite 304          | DUK STREET                  |  |
|   |                        | Portland, OR 9                      | 7212                        |  |
|   |                        | SIGNER'S ADDRE                      | ESS (if attorney)           |  |

521.05 (12/1/16) **Page 1** 

#### NON-JUDICIAL REMEDY WHEN CONSUMER DEBTOR FAILS TO TIMELY PERFORM STATED INTENTIONS

Creditors, see <u>Local Form #715</u> [attached if this document was served on paper] if you wish information on how to obtain non-judicial relief from the automatic stay of 11 U.S.C. §362(a) as to your collateral.

#### **QUESTIONS????**

Call an attorney with questions about these procedures or the law. However, only call the debtor's attorney if you have questions about the debtor's intent as to your collateral.

| Fill       | in this information to identify your case:   |                         |            |                           |
|------------|--|-------------------------|------------|---------------------------|
| Deb        | otor 1 Jason Andrew Lewis  |                         |            |                           |
| Dob        | First Name Middle Name Last Name   | _                       |            |                           |
|            | ouse if, filing) First Name Middle Name Last Name  | _                       |            |                           |
| Unit       | ted States Bankruptcy Court for the: DISTRICT OF OREGON  | _                       |            |                           |
| 1          | se number  |                         | Check i    | f this is an<br>ed filing |
| Su<br>Be a | ficial Form 106Sum  mmary of Your Assets and Liabilities and Certain Statistical Infor as complete and accurate as possible. If two married people are filing together, both are equally re rmation. Fill out all of your schedules first; then complete the information on this form. If you are for original forms, you must fill out a new Summary and check the box at the top of this page. | sponsible for s         | supplying  |                           |
| Par        |  |                         |            |                           |
| •          |  |                         | Your ass   | sets<br>what you own      |
| 1.         | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  |                         | \$         | 0.00                      |
|            | 1b. Copy line 62, Total personal property, from Schedule A/B   |                         | \$         | 4,203.54                  |
|            | 1c. Copy line 63, Total of all property on Schedule A/B  |                         | \$         | 4,203.54                  |
| Par        | t 2: Summarize Your Liabilities  |                         |            |                           |
|            |  |                         | Your lial  | pilities                  |
|            |  |                         | Amount     |                           |
| 2.         | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of So   | chedule D               | \$         | 0.00                      |
| 3.         | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F  |                         | \$         | 4,869.00                  |
|            | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  |                         | \$         | 24,530.00                 |
|            | Your tot   | tal liabilities \$      |            | 29,399.00                 |
| Par        | t 3: Summarize Your Income and Expenses  |                         |            |                           |
| 4.         | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  |                         | \$         | 1,831.00                  |
| 5.         | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  |                         | \$         | 1,826.00                  |
| Par        | 4: Answer These Questions for Administrative and Statistical Records   |                         |            |                           |
| 6.         | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the  | court with your o       | other sche | dules.                    |
| 7.         | ■ Yes What kind of debt do you have?   |                         |            |                           |
|            | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159   |                         | ersonal, f | amily, or                 |
|            | Your debts are not primarily consumer debts. You have nothing to report on this part of the form the court with your other schedules.  | m. <i>Check this bo</i> | ox and sub | omit this form to         |

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

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8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

3,380.81

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total c | laim     |
|--|---------|----------|
| From Part 4 on Schedule E/F, copy the following:   |         |          |
| 9a. Domestic support obligations (Copy line 6a.)   | \$      | 0.00     |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$      | 4,869.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$      | 0.00     |
| 9d. Student loans. (Copy line 6f.)   | \$      | 0.00     |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$      | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$     | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$      | 4,869.00 |

| Fill in this info               | rmation to identify your ca                                  | ase and this filing:        |   |  |
|---------------------------------|--|-----------------------------|---|--|
| Debtor 1                        | Jason Andrew Lev   | /is                         |   |  |
| Dobtor 2                        | First Name   | Middle Name                 | Last Name   |  |
| Debtor 2<br>(Spouse, if filing) | First Name   | Middle Name                 | Last Name   |  |
| United States B                 | Sankruptcy Court for the:                                    | DISTRICT OF OREGON          |   |  |
| Case number                     |  |                             |   | ☐ Check if this is an  |
|                                 |  |                             |   | amended filing   |
|                                 |  |                             |   |  |
| Official Fo                     | orm 106A/B   |                             |   |  |
| Schedu                          | le A/B: Prope  | erty                        |   | 12/15  |
| think it fits best.             | Be as complete and accurate<br>ore space is needed, attach a | as possible. If two married | nce. If an asset fits in more than one category, lis<br>d people are filing together, both are equally respo<br>n. On the top of any additional pages, write your n | onsible for supplying correct                                |
| Part 1: Describ                 | e Each Residence, Building, I                                | and, or Other Real Estate   | You Own or Have an Interest In  |  |
| 1. Do you own o                 | r have any legal or equitable i                              | nterest in any residence, b | uilding, land, or similar property?   |  |
| No. Go to P                     | art 2.   |                             |   |  |
| ☐ Yes. Where                    | e is the property?   |                             |   |  |
|                                 |  |                             |   |  |
| Part 2: Describ                 | e Your Vehicles  |                             |   |  |
|                                 |  |                             | icles, whether they are registered or not? In<br>le G: Executory Contracts and Unexpired Lease  |  |
| 3. Cars, vans, t                | trucks, tractors, sport utili                                | ty vehicles, motorcycle     | s   |  |
| ■ No                            |  |                             |   |  |
| ☐ Yes                           |  |                             |   |  |
|                                 |  |                             | al vehicles, other vehicles, and accessories<br>sels, snowmobiles, motorcycle accessories   |  |
| ■ No                            |  |                             |   |  |
| ■ No<br>□ Yes                   |  |                             |   |  |
| _ 100                           |  |                             |   |  |
| 5 4 1141 11                     |  |                             |   |  |
|                                 |  |                             | tries from Part 2, including any entries for  | => \$0.00  |
|                                 |  |                             |   |  |
|                                 | e Your Personal and Househ<br>r have any legal or equital    |                             | following items?  | Current value of the   |
| Do you own or                   | Tilave ally legal of equitar                                 | ne interest in any or the   | Tollowing items:  | portion you own? Do not deduct secured claims or exemptions. |
|                                 | goods and furnishings<br>Major appliances, furniture, I      | nens, china, kitchenware    |   |  |
| - res. Des                      |  |                             |   |  |
|                                 | Misc Furnit  | ure                         |   | \$100.00   |
|                                 |  |                             |   |  |
|                                 | Misc House   | hold goods                  |   | \$50.00  |

Official Form 106A/B Schedule A/B: Property page 1

| Debtor 1  | Jason Andrew Lewis   | Case number (if known)                                    |
|---|--|---|
| 7. Electro  | <b>onics</b> <i>ples:</i> Televisions and radios; audio, video, stereo, and digital equipment; computers, princluding cell phones, cameras, media players, games   | inters, scanners; music collections; electronic devices   |
| ■ Yes   | s. Describe  |   |
|   |  |   |
|   | Stereo, CD and speakers  | \$200.00  |
|   |  |   |
|   | Misc Music collection  | \$50.00   |
|   |  | <u> </u>  |
|   | Cell Phone   | \$50.00   |
|   | Cell Filone  | Ψ00.00  |
|   |  |   |
|   | Laptop and desktop computer  | \$200.00  |
| <i>Exam</i> µ<br>■ No                             | <ul> <li>tibles of value</li> <li>ples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other other collections, memorabilia, collectibles</li> <li>Describe</li> </ul> | r art objects; stamp, coin, or baseball card collections; |
| Exam <sub>l</sub>                                 | ment for sports and hobbies  ples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables musical instruments  s. Describe   | golf clubs, skis; canoes and kayaks; carpentry tools;     |
|   |  |   |
|   | 2 Guitars  | \$600.00  |
|   |  |   |
|   | 1 Bass Guitar  | \$500.00  |
|   |  |   |
|   | Combo Amp  | \$350.00  |
|   | COMBO AMP  |   |
|   |  |   |
|   | Bicycle  | \$100.00  |
| ■ No<br>□ Yes<br>11. <b>Cloth</b><br>Exan<br>□ No | nples: Pistols, rifles, shotguns, ammunition, and related equipment s. Describe  |   |
|   | Clothing and shoes   | \$200.00  |
|   | orothing and shoes   | <b></b>   |
| ■ No □ Yes  13. <b>Non-f</b>                      | mples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom s. Describe  | ewelry, watches, gems, gold, silver                       |
|   | mples: Dogs, cats, birds, horses   |   |
| ■ No  | n Deceribe   |   |
| ⊔ Yes   | s. Describe  |   |

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Official Form 106A/B

page 2

Schedule A/B: Property

| Debtor 1      | Jason Andre                                | w Lewis  | Case number (if known)   |  |
|---------------|--|--|--|--|
| _             | other personal and                         | d household items you did                              | not already list, including any health aids you did not list   |  |
| ■ No<br>□ Yes | s. Give specific info                      | ormation   |  |  |
|               |  |  | art 3, including any entries for pages you have attached   | \$2,400.00   |
|               |  |  |  |  |
|               | escribe Your Finance                       |  |  |  |
| Do you o      | own or have any le                         | egal or equitable interest in                          | any of the following?  | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| □ No          | <i>nples:</i> Money you h                  | nave in your wallet, in your ho                        | me, in a safe deposit box, and on hand when you file your petition   | on   |
|               |  |  | Cash   | \$12.00  |
| Exan          |  |  | unts; certificates of deposit; shares in credit unions, brokerage has with the same institution, list each.  Institution name:           | nouses, and other similar  |
|               |  | 17.1. Checking   | Umpqua Bank  | \$741.54   |
| Exan          |  | or publicly traded stocks investment accounts with bro | kerage firms, money market accounts  |  |
| ■ No<br>□ Yes | S  | Institution or issuer                                  | name:  |  |
| joint         | oublicly traded sto<br>venture             | ock and interests in incorpo                           | orated and unincorporated businesses, including an interes   | t in an LLC, partnership, and  |
| ■ No<br>□ Yes | s. Give specific info                      | ormation about them Name of entity:                    | <br>% of ownership:  |  |
| Nego<br>Non-  | otiable instruments                        | include personal checks, cas                           | tiable and non-negotiable instruments hiers' checks, promissory notes, and money orders. nsfer to someone by signing or delivering them. |  |
| ■ No<br>□ Yes | s. Give specific info                      | rmation about them<br>Issuer name:                     |  |  |
|               | ement or pension<br>nples: Interests in II |  | 03(b), thrift savings accounts, or other pension or profit-sharing   | plans  |
| ☐ Yes         | s. List each account                       | t separately.  Type of account:                        | Institution name:  |  |
| Your          |  | d deposits you have made so                            | that you may continue service or use from a company public utilities (electric, gas, water), telecommunications compar                   | nies, or others  |
| Yes           | S  |  | Institution name or individual:  |  |

Official Form 106A/B Schedule A/B: Property page 3

| Debtor 1          | Jason A              | ndrew Lewis   |                      | Case number (if know                         | n)  |
|-------------------|----------------------|---|----------------------|--|---|
|                   |                      | Security Deposit for<br>Rental  | Landlord             |  | \$300.00  |
| ■ No              | `                    | act for a periodic payment of money   | to you, either for I | ife or for a number of years)                |   |
| ☐ Yes             | i                    | Issuer name and description.  |                      |  |   |
|                   |                      | ucation IRA, in an account in a qua<br>)(1), 529A(b), and 529(b)(1).                          | llified ABLE prog    | յram, or under a qualified state tuition բ   | orogram.  |
|                   | i                    | Institution name and description.   | Separately file the  | e records of any interests.11 U.S.C. § 521(  | (c):  |
|                   | s, equitable         | or future interests in property (oth  | er than anything     | listed in line 1), and rights or powers e    | exercisable for your benefit  |
| ■ No<br>□ Yes     | . Give specif        | fic information about them  |                      |  |   |
|                   |                      | ts, trademarks, trade secrets, and t domain names, websites, proceeds                         |                      |  |   |
|                   | . Give specif        | fic information about them  |                      |  |   |
| _Exam             |                      | ses, and other general intangibles<br>g permits, exclusive licenses, cooper                   |                      | holdings, liquor licenses, professional lice | nses  |
| ■ No<br>□ Yes     | . Give specif        | fic information about them  |                      |  |   |
| Money or          | r property ov        | wed to you?   |                      |  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. <b>Tax re</b> | efunds owed          | I to you  |                      |  |   |
| ■ No<br>□ Yes     | . Give specifi       | ic information about them, including v  | whether you alread   | dy filed the returns and the tax years       |   |
| ■ No              | nples: Past du       | ue or lump sum alimony, spousal sup   | oport, child suppor  | t, maintenance, divorce settlement, prope    | rty settlement  |
|                   | <i>nples:</i> Unpaid | omeone owes you<br>I wages, disability insurance paymen<br>s; unpaid loans you made to someor |                      | fits, sick pay, vacation pay, workers' comp  | pensation, Social Security  |
|                   | s. Give specif       | fic information   |                      |  |   |
|                   |                      | Estimated ne  | et wages             |  | \$750.00  |
|                   |                      | · · · ·   |                      |  | ·   |
| -                 |                      | ance policies<br>disability, or life insurance; health sa                                     | avings account (H    | SA); credit, homeowner's, or renter's insu   | rance   |
| ■ Yes             | s. Name the ir       | nsurance company of each policy and<br>Company name:  | d list its value.    | Beneficiary:                                 | Surrender or refund value:  |
|                   |                      | Progressive Renters   | Insurance            |  | \$0.00  |
|                   |                      | Aetna Medical Insura  | ance                 |  | \$0.00  |
|                   |                      | Aetha Medical Misula  | ALIVE                |  | φυ.υυ   |

Case 19-33430-pcm7 Doc 1 Filed 09/13/19

page 4

Best Case Bankruptcy

Schedule A/B: Property

Official Form 106A/B

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| Debtor 1            | Jason Andrew Lewis  | Case number (if known)               |                       |
|---------------------|---|--------------------------------------|-----------------------|
|                     | VSP Vision Insurance  |                                      | \$0.00                |
|                     | Delta Dental Insurance  |                                      | \$0.00                |
| If you some         | are the beneficiary of a living trust, expect proceeds from a life insurance policione has died.  Give specific information                         | cy, or are currently entitled to rec | eive property because |
| Exam<br>■ No        | s against third parties, whether or not you have filed a lawsuit or made a ples: Accidents, employment disputes, insurance claims, or rights to sue | demand for payment                   |                       |
|                     | Describe each claim   |                                      |                       |
| ■ No                | contingent and unliquidated claims of every nature, including counterclasses.  Describe each claim  | aims of the debtor and rights to     | o set off claims      |
| 35. <b>Anv fi</b> i | nancial assets you did not already list   |                                      |                       |
| ■ No                | ,   |                                      |                       |
| ☐ Yes.              | Give specific information   |                                      |                       |
|                     | the dollar value of all of your entries from Part 4, including any entries fo   |                                      | \$1,803.54            |
| Part 5: De          | escribe Any Business-Related Property You Own or Have an Interest In. List any re   | al estate in Part 1.                 |                       |
| 37. <b>Do you</b>   | own or have any legal or equitable interest in any business-related property?   |                                      |                       |
| No. G               | o to Part 6.  |                                      |                       |
| ☐ Yes.              | Go to line 38.  |                                      |                       |
|                     | escribe Any Farm- and Commercial Fishing-Related Property You Own or Have an l<br>you own or have an interest in farmland, list it in Part 1.       | Interest In.                         |                       |
| 46. <b>Do yo</b>    | u own or have any legal or equitable interest in any farm- or commercial  | fishing-related property?            |                       |
| ■ No.               | . Go to Part 7.   |                                      |                       |
| ☐ Yes               | s. Go to line 47.   |                                      |                       |
| Part 7:             | Describe All Property You Own or Have an Interest in That You Did Not List Abo  | ove                                  |                       |
|                     | u have other property of any kind you did not already list?  ples: Season tickets, country club membership  |                                      |                       |
|                     | Give specific information   |                                      |                       |
| 54 <b>Add</b>       | the dollar value of all of your entries from Part 7. Write that number here   |                                      | \$0.00                |

Official Form 106A/B Schedule A/B: Property page 5

| Deb  | tor 1 Jason Andrew Lewis                                     |   |            | Case number (if known)       |            |
|------|--|---|------------|------------------------------|------------|
| Part | 8: List the Totals of Each Part of this Form                 |   |            |                              |            |
| 55.  | Part 1: Total real estate, line 2                            |   |            |                              | \$0.00     |
| 56.  | Part 2: Total vehicles, line 5                               |   | \$0.00     |                              |            |
| 57.  | Part 3: Total personal and household items, line 15          |   | \$2,400.00 |                              |            |
| 58.  | Part 4: Total financial assets, line 36                      |   | \$1,803.54 |                              |            |
| 59.  | Part 5: Total business-related property, line 45             |   | \$0.00     |                              |            |
| 60.  | Part 6: Total farm- and fishing-related property, line 52    |   | \$0.00     |                              |            |
| 61.  | Part 7: Total other property not listed, line 54             | + | \$0.00     |                              |            |
| 62.  | Total personal property. Add lines 56 through 61             |   | \$4,203.54 | Copy personal property total | \$4,203.54 |
| 63.  | Total of all property on Schedule A/B. Add line 55 + line 62 |   |            |                              | \$4,203.54 |

Official Form 106A/B Schedule A/B: Property page 6

| Fill in this infor  | mation to identify your  | case:              |           |                                     |
|---------------------|--------------------------|--------------------|-----------|-------------------------------------|
| Debtor 1            | Jason Andrew Le          | ewis               |           |                                     |
|                     | First Name               | Middle Name        | Last Name |                                     |
| Debtor 2            |                          |                    |           |                                     |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name |                                     |
| United States Ba    | ankruptcy Court for the: | DISTRICT OF OREGON |           |                                     |
| Case number _       |                          |                    |           |                                     |
| (if known)          |                          |                    |           | ☐ Check if this is a amended filing |

## Official Form 106C

# Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identify the Property | You Claim as Exempt |
|-------------------------------|---------------------|
|-------------------------------|---------------------|

|    | ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)   |                                      |      |   |                                    |  |  |
|----|--|--------------------------------------|------|---|------------------------------------|--|--|
|    | ■ You are claiming federal exemptions. 11  | U.S.C. § 522(b)(2)                   |      |   |                                    |  |  |
| 2. | For any property you list on Schedule A/B  | that you claim as exe                | mpt, | fill in the information below.                                  |                                    |  |  |
|    | Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amo  | ount of the exemption you claim                                 | Specific laws that allow exemption |  |  |
|    | , , ,  | Copy the value from<br>Schedule A/B  | Che  | eck only one box for each exemption.                            |                                    |  |  |
|    | Misc Furniture Line from Schedule A/B: 6.1   | \$100.00                             |      | \$100.00  | 11 U.S.C. § 522(d)(3)              |  |  |
|    | Line nom Schedule AVD. 4.1   |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |
|    | Misc Household goods Line from Schedule A/B: 6.2                                       | \$50.00                              |      | \$50.00   | 11 U.S.C. § 522(d)(3)              |  |  |
|    | Ellie Holli Genedale PAB. 4.2  |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |
|    | Stereo, CD and speakers Line from Schedule A/B: 7.1                                    | \$200.00                             |      | \$200.00  | 11 U.S.C. § 522(d)(5)              |  |  |
|    | Line IIIIII Scriedale PAB. 7.1   |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |
|    | Misc Music collection Line from Schedule A/B: 7.2                                      | \$50.00                              |      | \$50.00   | 11 U.S.C. § 522(d)(5)              |  |  |
|    | Line non Schedule AD. 1.2  |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |
|    | Cell Phone Line from Schedule A/B: 7.3   | \$50.00                              |      | \$50.00   | 11 U.S.C. § 522(d)(5)              |  |  |
|    | LINE HOLL SCHEUUIE PAD. 1.0  |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 3

| otor 1 Jason Andrew Lewis  |  |   | Case number (if known)  |                                    |
|--|--|---|---|------------------------------------|
| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own  Copy the value from Schedule A/B |   | ount of the exemption you claim   | Specific laws that allow exemption |
| Laptop and desktop computer Line from Schedule A/B: 7.4                                | \$200.00   | ■ | \$200.00<br>100% of fair market value, up to                              | 11 U.S.C. § 522(d)(3)              |
| 2 Guitars Line from Schedule A/B: 9.1  | \$600.00   | • | \$600.00 \$100% of fair market value, up to                               | 11 U.S.C. § 522(d)(5)              |
| 1 Bass Guitar  | \$500.00   | • | any applicable statutory limit \$500.00                                   | 11 U.S.C. § 522(d)(5)              |
| Line from Schedule A/B: 9.2  |  |   | 100% of fair market value, up to any applicable statutory limit           |                                    |
| Combo Amp Line from Schedule A/B: 9.3  | \$350.00   |   | \$350.00  | 11 U.S.C. § 522(d)(5)              |
| Riovelo  |  |   | 100% of fair market value, up to any applicable statutory limit           | 11 U.S.C. § 522(d)(5)              |
| Bicycle Line from Schedule A/B: 9.4  | \$100.00   |   | \$100.00  100% of fair market value, up to any applicable statutory limit | 11 0.3.6. § 322(u)(3)              |
| Clothing and shoes Line from Schedule A/B: 11.1  | \$200.00   | • | \$200.00  | 11 U.S.C. § 522(d)(3)              |
|  |  |   | 100% of fair market value, up to any applicable statutory limit           |                                    |
| Cash Line from Schedule A/B: 16.1  | \$12.00  |   | \$12.00  100% of fair market value, up to any applicable statutory limit  | 11 U.S.C. § 522(d)(5)              |
| Checking: Umpqua Bank Line from Schedule A/B: 17.1                                     | \$741.54   | • | \$741.54  | 11 U.S.C. § 522(d)(5)              |
|  |  |   | 100% of fair market value, up to any applicable statutory limit           |                                    |
| Security Deposit for Rental:<br>Landlord   | \$300.00   |   | \$300.00  | 11 U.S.C. § 522(d)(5)              |
| Line from Schedule A/B: 22.1   |  |   | 100% of fair market value, up to any applicable statutory limit           |                                    |
| Estimated net wages Line from Schedule A/B: 30.1                                       | \$750.00   |   | \$750.00 100% of fair market value, up to                                 | 11 U.S.C. § 522(d)(5)              |
| Progressive Renters Insurance  |  |   | any applicable statutory limit  | 11 U.S.C. § 522(d)(5)              |
| Line from Schedule A/B: 31.1   | \$0.00   |   | 100% of fair market value, up to any applicable statutory limit           | 11 0.0.0. g 022(u)(u)              |
| Aetna Medical Insurance Line from Schedule A/B: 31.2                                   | \$0.00   |   | \$0.00  | 11 U.S.C. § 522(d)(5)              |
| Elito Hotti Goriodalio PVD. VIIIE  |  |   | 100% of fair market value, up to any applicable statutory limit           |                                    |

Official Form 106C

| Debtor | Jason Andrew Lewis  |                                      |  | Case number (if known)  |                                    |
|--------|---|--------------------------------------|--|---|------------------------------------|
|        | rief description of the property and line on chedule A/B that lists this property   | Current value of the portion you own | e Amount of the exemption you claim Specific laws that allow exe |   | Specific laws that allow exemption |
|        |   | Copy the value from<br>Schedule A/B  | Che  | eck only one box for each exemption.                            |                                    |
| _      | SP Vision Insurance ne from Schedule A/B: 31.3  | \$0.00                               |  | \$0.00  | 11 U.S.C. § 522(d)(5)              |
|        | ile ilelii Gonedale / V.B. G.1.G  |                                      |  | 100% of fair market value, up to any applicable statutory limit |                                    |
| _      | elta Dental Insurance   | \$0.00                               |  | \$0.00  | 11 U.S.C. § 522(d)(5)              |
| LII    | ile IIIIII Schedule A.B. 31.4   |                                      |  | 100% of fair market value, up to any applicable statutory limit |                                    |
|        | re you claiming a homestead exemption of subject to adjustment on 4/01/22 and every 3 No Yes. Did you acquire the property covered No Yes | 3 years after that for ca            | ses fi   | ·   | ,                                  |

| Fill in this infor     | mation to identify your  | case:              |           |                                      |
|------------------------|--------------------------|--------------------|-----------|--------------------------------------|
| Debtor 1               | Jason Andrew Le          | ewis               |           |                                      |
|                        | First Name               | Middle Name        | Last Name |                                      |
| Debtor 2               |                          |                    |           |                                      |
| (Spouse if, filing)    | First Name               | Middle Name        | Last Name |                                      |
| United States Ba       | ankruptcy Court for the: | DISTRICT OF OREGON | I         |                                      |
| Case number (if known) |                          |                    |           | ☐ Check if this is an amended filing |

## Official Form 106D

# Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below.

| Fill                  | in this inform                           | ation to identify your   | case:   |   |                                     |  |  |                                  |
|-----------------------|--|--|---|---|-------------------------------------|--|--|----------------------------------|
| Del                   | btor 1                                   | Jason Andrew Le  | wis   |   |                                     |  |  |                                  |
|                       |  | First Name   |   | e Name Last N   | Name                                |  |  |                                  |
| _                     | btor 2<br>ouse if, filing)               | First Name   | Middle  | e Name Last N   | Name                                |  |  |                                  |
| Uni                   | ited States Ban                          | kruptcy Court for the:   | DISTRIC                                       | T OF OREGON   |                                     |  |  |                                  |
|                       | se number                                |  |   |   |                                     |  |  |                                  |
| (if kr                | nown)                                    |  |   |   |                                     |  | _  | if this is an                    |
|                       |  |  |   |   |                                     |  | amend  | led filing                       |
| Of                    | ficial Form                              | 106E/F   |   |   |                                     |  |  |                                  |
|                       |  |  | ho Hav  | e Unsecured Clai  | ms                                  |  |  | 12/15                            |
| Scho<br>Scho<br>left. | edule G: Éxecuto<br>edule D: Credito     | ory Contracts and Unexp<br>rs Who Have Claims Sec<br>inuation Page to this pag | ired Leases<br>ured by Prop                   | esult in a claim. Also list exec<br>(Official Form 106G). Do not in<br>perty. If more space is needed<br>we no information to report in a           | nclude any cre<br>, copy the Par    | editors with partially s<br>t you need, fill it out, i | ecured claims that a<br>number the entries i | are listed in n the boxes on the |
|                       |  | of Your PRIORITY Un  | secured C                                     | laims   |                                     |  |  |                                  |
| 1.                    | Do any creditor                          | s have priority unsecure   | d claims aga                                  | ninst you?  |                                     |  |  |                                  |
|                       | ☐ No. Go to Pa                           | rt 2.  |   |   |                                     |  |  |                                  |
|                       | Yes.                                     |  |   |   |                                     |  |  |                                  |
| 2.                    | identify what type<br>possible, list the | e of claim it is. If a claim ha<br>claims in alphabetical orde                 | s both priorit<br>r according t               | has more than one priority unso<br>y and nonpriority amounts, list the<br>o the creditor's name. If you hav<br>, list the other creditors in Part 3 | nat claim here a<br>re more than tw | and show both priority a                               | nd nonpriority amoun                         | ts. As much as                   |
|                       | (For an explanat                         | ion of each type of claim, s   | ee the instru                                 | ctions for this form in the instruc   | tion booklet.)                      |  |  |                                  |
|                       |  |  |   |   |                                     | Total claim  | Priority amount                              | Nonpriority amount               |
| 2.1                   | Internal                                 | Revenue Service  |   | Last 4 digits of account numl   | ber <b>9136</b>                     | \$3,704.00   | \$3,704.00                                   | \$0.00                           |
|                       | •  | ditor's Name   |   |   |                                     |  |  |                                  |
|                       | POB 734                                  | .6<br>phia, PA 19101-734€  | :   | When was the debt incurred?   | 2018                                |  | -  |                                  |
|                       |  | eet City State Zip Code  | <u>,                                     </u> | As of the date you file, the cla  | aim is: Check                       | all that apply   |  |                                  |
|                       | Who incurred                             | the debt? Check one.   |   | ☐ Contingent  |                                     |  |  |                                  |
|                       | ■ Debtor 1 on                            | nly  |   | Unliquidated  |                                     |  |  |                                  |
|                       | Debtor 2 on                              | ıly  |   | ☐ Disputed  |                                     |  |  |                                  |
|                       | Debtor 1 an                              | nd Debtor 2 only   |   | Type of PRIORITY unsecured  | l claim:                            |  |  |                                  |
|                       | _  | of the debtors and anothe  | r   | ☐ Domestic support obligation   | is                                  |  |  |                                  |
|                       | _  | is claim is for a commur   |   | ■ Taxes and certain other deb   | ots you owe the                     | e government   |  |                                  |
|                       |  | bject to offset?   | ,   | ☐ Claims for death or persona   | •                                   | •  |  |                                  |
|                       | ■ No                                     | -  |   | Other. Specify  |                                     |  |  |                                  |
|                       | ☐ Yes                                    |  |   | Income  | Tax                                 |  |  |                                  |

| Debtor 1 Jason Andrew Lewis   |  | Case nu  | mber (if known)   |  |   |
|---|--|--|---|--|---|
| Oregon Department of Revenue  | Last 4 digits of account number  | 0136   | \$1,165.00  | \$1,165.00   | \$0.0                                   |
| Priority Creditor's Name  Attention Bankruptcy Unit   | When was the debt incurred?  | 2018   |   |  |   |
| 955 Center St NE  |  | 2010   |   |  |   |
| Salem, OR 97301-2555  | As of the data you file the claim  | io. Oblll  | 46-4  |  |   |
| Number Street City State Zip Code  Who incurred the debt? Check one.  | As of the date you file, the claim   | is: Check all  | tnat apply  |  |   |
| ■ Debtor 1 only   | ☐ Contingent ☐ Unliquidated  |  |   |  |   |
| ☐ Debtor 2 only   | <u> </u>   |  |   |  |   |
| _   | ☐ Disputed  Type of PRIORITY unsecured cla   | imi  |   |  |   |
| ☐ Debtor 1 and Debtor 2 only  | Domestic support obligations   |  |   |  |   |
| ☐ At least one of the debtors and another   | _  |  |   |  |   |
| ☐ Check if this claim is for a community debt   | ■ Taxes and certain other debts y  | •  |   |  |   |
| Is the claim subject to offset?   | ☐ Claims for death or personal inj   | ury while you  | were intoxicated  |  |   |
| ■ No<br>□ Yes   | Other. Specify Income Ta   | <u> </u>   |   |  |   |
|   |  |  |   |  |   |
| ☐ No. You have nothing to report in this part. Submit   |  | chedules.  |   |  |   |
| <ul><li>No. You have nothing to report in this part. Submit</li><li>■ Yes.</li></ul>  | this form to the court with your other sealphabetical order of the creditor laim. For each claim listed, identify when the creditor with t | vho holds ea<br>at type of cla   | im it is. Do not list claims  | s already included in Pa   | rt 1. If more                           |
| <ul> <li>No. You have nothing to report in this part. Submit</li> <li>Yes.</li> <li>List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other</li> </ul>   | this form to the court with your other sealphabetical order of the creditor laim. For each claim listed, identify when the creditor with t | vho holds ea<br>at type of cla   | im it is. Do not list claims  | s already included in Pa   | rt 1. If more<br>on Page of             |
| <ul> <li>No. You have nothing to report in this part. Submit</li> <li>Yes.</li> <li>List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.</li> <li>Bank Of America</li> </ul>  | this form to the court with your other sealphabetical order of the creditor laim. For each claim listed, identify when the creditor with t | who holds ea<br>at type of cla<br>nan three nor  | im it is. Do not list claims  | s already included in Pa<br>as fill out the Continuation             | rt 1. If more<br>on Page of<br>m        |
| <ul> <li>No. You have nothing to report in this part. Submit</li> <li>Yes.</li> <li>List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.</li> <li>Bank Of America         Nonpriority Creditor's Name         100 N. TryonSt.     </li> </ul>   | this form to the court with your other sealphabetical order of the creditor laim. For each claim listed, identify who creditors in Part 3.If you have more to  | who holds ea<br>at type of cla<br>nan three nor  | im it is. Do not list claims  | s already included in Pa<br>as fill out the Continuation             | rt 1. If more<br>on Page of<br>m        |
| ■ No. You have nothing to report in this part. Submit ■ Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.  Bank Of America Nonpriority Creditor's Name   | this form to the court with your other sealphabetical order of the creditor laim. For each claim listed, identify where creditors in Part 3.If you have more to the creditors in Part 3.If you have mo | who holds eat type of clanan three nor   | im it is. Do not list claims npriority unsecured claim                            | s already included in Pa<br>as fill out the Continuation             | rt 1. If more<br>on Page of<br>m        |
| <ul> <li>No. You have nothing to report in this part. Submit</li> <li>Yes.</li> <li>List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.</li> <li>Bank Of America         <ul> <li>Nonpriority Creditor's Name</li> <li>100 N. TryonSt.</li> <li>Charlotte, NC 28255</li> </ul> </li> </ul>   | this form to the court with your other sealphabetical order of the creditor laim. For each claim listed, identify where creditors in Part 3.If you have more to the Last 4 digits of account number When was the debt incurred?  | who holds eat type of clanan three nor   | im it is. Do not list claims npriority unsecured claim                            | s already included in Pa<br>as fill out the Continuation             | rt 1. If more<br>on Page of<br>m        |
| □ No. You have nothing to report in this part. Submit ■ Yes.  1. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.  1.1 Bank Of America Nonpriority Creditor's Name 100 N. TryonSt. Charlotte, NC 28255 Number Street City State Zip Code  | this form to the court with your other sealphabetical order of the creditor laim. For each claim listed, identify who creditors in Part 3.lf you have more to Last 4 digits of account numb.  When was the debt incurred?  As of the date you file, the claim.   | who holds eat type of clanan three nor   | im it is. Do not list claims npriority unsecured claim                            | s already included in Pa<br>as fill out the Continuation             | rt 1. If more<br>on Page of             |
| □ No. You have nothing to report in this part. Submit ■ Yes.  I. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.  Bank Of America Nonpriority Creditor's Name 100 N. TryonSt. Charlotte, NC 28255 Number Street City State Zip Code Who incurred the debt? Check one.  | this form to the court with your other sealphabetical order of the creditor laim. For each claim listed, identify where creditors in Part 3.If you have more to the Last 4 digits of account number When was the debt incurred?  | who holds eat type of clanan three nor   | im it is. Do not list claims npriority unsecured claim                            | s already included in Pa<br>as fill out the Continuation             | rt 1. If more<br>on Page of<br><b>m</b> |
| ■ No. You have nothing to report in this part. Submit ■ Yes.  1. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.  1.1 Bank Of America  Nonpriority Creditor's Name 100 N. TryonSt. Charlotte, NC 28255  Number Street City State Zip Code Who incurred the debt? Check one. ■ Debtor 1 only  | this form to the court with your other sealphabetical order of the creditor laim. For each claim listed, identify where creditors in Part 3.If you have more to a Last 4 digits of account numb.  When was the debt incurred?  As of the date you file, the claim Contingent.  | who holds eat type of clanan three nor   | im it is. Do not list claims npriority unsecured claim                            | s already included in Pa<br>as fill out the Continuation             | rt 1. If more<br>on Page of<br><b>m</b> |
| □ No. You have nothing to report in this part. Submit ■ Yes.  1. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.  1.1 Bank Of America Nonpriority Creditor's Name 100 N. TryonSt. Charlotte, NC 28255 Number Street City State Zip Code Who incurred the debt? Check one. ■ Debtor 1 only □ Debtor 2 only  | this form to the court with your other set alphabetical order of the creditor laim. For each claim listed, identify what creditors in Part 3.If you have more to be a count number when was the debt incurred?  As of the date you file, the claim Contingent Unliquidated   | who holds ea<br>at type of cla<br>nan three nor<br>er 5117                                 | im it is. Do not list claims npriority unsecured claim                            | s already included in Pa<br>as fill out the Continuation             | rt 1. If more<br>on Page of<br><b>m</b> |
| □ No. You have nothing to report in this part. Submit ■ Yes.  1. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.  1.1 Bank Of America  Nonpriority Creditor's Name 100 N. TryonSt.  Charlotte, NC 28255  Number Street City State Zip Code  Who incurred the debt? Check one. ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only   | this form to the court with your other set alphabetical order of the creditor laim. For each claim listed, identify what creditors in Part 3.If you have more to be a count number of the creditors in Part 3.If you have more to be a count number of the creditors in Part 3.If you have more to be a creditors in Part 3.If you have more to be a creditors in Part 3.If you have more to be a creditors in Part 3.If you have more to be a creditors in Part 4.If you have more to be a creditor of the creditors in Part 4.If you have more to be a creditor of the creditors in Part 4.If you have more to be a creditor of the creditors in Part 4.If you have more to be a creditors in Part 4.If you have more to be a creditors in Part 4.If you have more to be a creditors in Part 4.If you have more to be a creditors in Part 4.If you have more to be a creditors in Part 4.If you have more to be a creditors in Part 4.If you have more to be a creditors in Part 4.If you have more to be a creditors in Part 4.If you have more to be a creditors in Part 4.If you have more to be a creditors in Part 4.If you have more to be a creditors in Part 4.If you have more to be a creditors in Part 4.If you have more to be a creditors in Part 4.If you have more to be a creditors in Part 4.If you have more to be a creditors in Part 4.If you have more to be a creditors in Part 4.If you have more to be a creditors in Part 4.If you have more to be a creditors in Part 4.If you have more to be a creditor in Part 4.If you have more to be a creditors in Part 4.If you have more to be a creditors in Part 4.If you have more to be a creditor in Part 4.If you have more to be a creditor in Part 4.If you have more to be a creditor in Part 4.If you have more to be a creditor in Part 4.If you have more to be a creditor in Part 4.If you have more to be a creditor in Part 4.If you have more to be a creditor in Part 4.If you have more to be a creditor in Part 4.If you have more to be a creditor in Part 4.If you have more to be a creditor in Part 4.If you have more to be a cre | who holds ea<br>at type of cla<br>nan three nor<br>er 5117                                 | im it is. Do not list claims npriority unsecured claim                            | s already included in Pa<br>as fill out the Continuation             | rt 1. If more<br>on Page of<br>m        |
| No. You have nothing to report in this part. Submit  Yes.  I. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.  Bank Of America  Nonpriority Creditor's Name 100 N. TryonSt. Charlotte, NC 28255  Number Street City State Zip Code Who incurred the debt? Check one.  □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt | this form to the court with your other states form to the court with your other states form to the creditor of the creditor laim. For each claim listed, identify where creditors in Part 3.If you have more to creditors in Part 4.If you have more to creditors and the creditors in Part 4.If you have more to creditors and the creditors in Part 4.If you have more to creditors and the creditors in Part 4.If you have more to creditors in Part 4.If y | who holds ea at type of clanan three nor ser 5117  | im it is. Do not list claims apriority unsecured claims apply all that apply      | s already included in Pa<br>is fill out the Continuation  Total clai | rt 1. If more<br>on Page of<br>m        |
| A. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.  Bank Of America Nonpriority Creditor's Name 100 N. TryonSt. Charlotte, NC 28255 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community  | this form to the court with your other sealphabetical order of the creditor laim. For each claim listed, identify where creditors in Part 3.If you have more to be a count numb.  Last 4 digits of account numb.  When was the debt incurred?  As of the date you file, the claim count of the creditor of the credito | who holds ea at type of clanan three nor ser 5117  im is: Check  ured claim: eparation agr | im it is. Do not list claims apriority unsecured claims are claims all that apply | s already included in Pa<br>is fill out the Continuation  Total clai | rt 1. If more<br>on Page of<br><b>m</b> |

| 4.2            | Chase Bank  | Last 4 digits of account number 7690   | \$2,730.00             |
|----------------|---|--|------------------------|
|                | Nonpriority Creditor's Name                               | <u> </u>   | <del></del>            |
|                | 270 Park Ave  | When was the debt incurred?  |                        |
|                | New York, NY 10017  Number Street City State Zip Code     | As of the date you file, the claim is: Check all that apply  |                        |
|                | Who incurred the debt? Check one.                         | ,  |                        |
|                | ■ Debtor 1 only   | ☐ Contingent   |                        |
|                | Debtor 2 only   | ☐ Unliquidated   |                        |
|                | Debtor 1 and Debtor 2 only                                | ☐ Disputed   |                        |
|                | ☐ At least one of the debtors and another                 | Type of NONPRIORITY unsecured claim:   |                        |
|                | ☐ Check if this claim is for a community                  | ☐ Student loans  |                        |
|                | debt  | ☐ Obligations arising out of a separation agreement or divorce that you did not  |                        |
|                | Is the claim subject to offset?                           | report as priority claims  |                        |
|                | No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts  |                        |
|                | Yes   | Other. Specify Credit card purchases   |                        |
| 4.3            | Discover Bank   | Last 4 digits of account number 2893   | \$10,183.00            |
|                | Nonpriority Creditor's Name                               | <del></del>  |                        |
|                | 502 E Market  | When was the debt incurred?  |                        |
|                | Greenwood, DE 19950  Number Street City State Zip Code    | As of the date you file, the claim is: Check all that apply  |                        |
|                | Who incurred the debt? Check one.                         |  |                        |
|                | Debtor 1 only   | ☐ Contingent   |                        |
|                | ☐ Debtor 2 only   | ☐ Unliquidated   |                        |
|                | ☐ Debtor 1 and Debtor 2 only                              | ☐ Disputed   |                        |
|                | ☐ At least one of the debtors and another                 | Type of NONPRIORITY unsecured claim:   |                        |
|                | ☐ Check if this claim is for a community                  | ☐ Student loans  |                        |
|                | debt  | ☐ Obligations arising out of a separation agreement or divorce that you did not  |                        |
|                | Is the claim subject to offset?                           | report as priority claims  |                        |
|                | ■ No  | Debts to pension or profit-sharing plans, and other similar debts  |                        |
|                | Yes   | Other. Specify Credit card purchases   |                        |
| 4.4            | Synchrony Bank PayPal                                     | Last 4 digits of account number 0936   | \$2,305.00             |
|                | Nonpriority Creditor's Name  170 West Election Rd STE 125 | When was the debt incurred?  |                        |
|                | Draper, UT 84020  | when was the dept incurred?  |                        |
|                | Number Street City State Zip Code                         | As of the date you file, the claim is: Check all that apply  |                        |
|                | Who incurred the debt? Check one.                         |  |                        |
|                | Debtor 1 only   | ☐ Contingent   |                        |
|                | ☐ Debtor 2 only   | ☐ Unliquidated   |                        |
|                | ☐ Debtor 1 and Debtor 2 only                              | ☐ Disputed   |                        |
|                | $\square$ At least one of the debtors and another         | Type of NONPRIORITY unsecured claim:   |                        |
|                | $\square$ Check if this claim is for a community          | ☐ Student loans  |                        |
|                | debt Is the claim subject to offset?                      | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |                        |
|                | No  | □ Debts to pension or profit-sharing plans, and other similar debts  |                        |
|                |   |  |                        |
|                | ☐ Yes   | Other. Specify Credit card purchases   |                        |
| Part 3         |   |  |                        |
| is try<br>have | ing to collect from you for a debt you owe to             | I about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, someone else, list the original creditor in Parts 1 or 2, then list the collection agency heat you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional creditors here. | ere. Similarly, if you |
|                | and Address   | On which entry in Part 1 or Part 2 did you list the original creditor?   |                        |
|                | of America  | Line 4.1 of (Check one):   |                        |
| POB            | 851001  | ■ Part 2: Creditors with Nonpriority Unsecured Cla   | aims                   |

Case number (if known)

Official Form 106 E/F Schedule
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Debtor 1 Jason Andrew Lewis

Page 3 of 4
Best Case Bankruptcy

Schedule E/F: Creditors Who Have Unsecured Claims

### Dallas, TX 75285-1001

Last 4 digits of account number

5117

## Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|               |     |   |     | Total Claim     |
|---------------|-----|---|-----|-----------------|
|               | 6a. | Domestic support obligations  | 6a. | \$<br>0.00      |
| otal<br>laims |     |   |     |                 |
| rom Part 1    | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$<br>4,869.00  |
|               | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$<br>0.00      |
|               | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00      |
|               | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>4,869.00  |
|               |     |   |     | Total Claim     |
| otal          | 6f. | Student loans   | 6f. | \$<br>0.00      |
| laims         |     |   |     |                 |
| om Part 2     | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00      |
|               | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00      |
|               | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>24,530.00 |
|               | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>24,530.00 |

| Fill in this infor  | mation to identify your  | case:              |           |                                      |  |
|---------------------|--------------------------|--------------------|-----------|--------------------------------------|--|
| Debtor 1            | Jason Andrew Le          | ewis               |           |                                      |  |
|                     | First Name               | Middle Name        | Last Name |                                      |  |
| Debtor 2            |                          |                    |           |                                      |  |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name |                                      |  |
| United States Ba    | ankruptcy Court for the: | DISTRICT OF OREGON |           |                                      |  |
| Case number         |                          |                    |           |                                      |  |
| (if known)          |                          |                    |           | ☐ Check if this is an amended filing |  |

# Official Form 106G

# **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company wit | h whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|-------------|---|-------------------|---|
| 2.1 |           |             |   |                   |   |
|     | Name      |             |   |                   | _                                       |
|     | Number    | Street      |   |                   |   |
|     | City      |             | State   | ZIP Code          |   |
| 2.2 |           |             |   |                   | _                                       |
|     | Name      |             |   |                   |   |
|     | Number    | Street      |   |                   | _                                       |
|     | City      |             | State   | ZIP Code          |   |
| 2.3 |           |             | Otato   |                   |   |
|     | Name      |             |   |                   |   |
|     | Number    | Street      |   |                   | _                                       |
|     | City      |             | State   | ZIP Code          | <del>_</del>                            |
| 2.4 |           |             |   |                   |   |
|     | Name      |             |   |                   | _                                       |
|     | Number    | Street      |   |                   | _                                       |
|     | City      |             | State   | ZIP Code          | <del>_</del>                            |
| 2.5 | •         |             |   |                   |   |
|     | Name      |             |   |                   | _                                       |
|     | Number    | Street      |   |                   | _                                       |
|     | City      |             | State   | ZIP Code          | <del>_</del>                            |
|     | Jity      |             | Oldic   |                   |   |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

| Fill in this                  | information to identify your                                       | case:   |                                |   |   |
|-------------------------------|--|---|--------------------------------|---|---|
| Debtor 1                      | Jason Andrew Le  | ewis  |                                |   |   |
| <b>D</b> 14 0                 | First Name   | Middle Name   | Last Name                      |   |   |
| Debtor 2<br>(Spouse if, filir | ng) First Name   | Middle Name   | Last Name                      |   |   |
| United Sta                    | tes Bankruptcy Court for the:                                      | DISTRICT OF OREGO                                   | N                              |   |   |
| Case numb<br>(if known)       | ber  |   |                                |   | ☐ Check if this is an amended filing  |
| Official                      | l Form 106H  |   |                                |   |   |
|                               | lule H: Your Cod   | ebtors  |                                |   | 12/15   |
| fill it out, a<br>your name   |  | boxes on the left. Attac<br>. Answer every question | h the Additional Page to<br>n. | o this page. On the top o                                 | eded, copy the Additional Page,<br>of any Additional Pages, write   |
| ■ No                          | ı  |   |                                |   |   |
|                               | hin the last 8 years, have you<br>a, California, Idaho, Louisiana, |   |                                |   | states and territories include  |
| _                             | Go to line 3.  Did your spouse, former spouse,                     | use, or legal equivalent liv                        | e with you at the time?        |   |   |
| in line<br>Form               | 2 again as a codebtor only i                                       | f that person is a guarar                           | ntor or cosigner. Make s       | sure you have listed the                                  | with you. List the person shown<br>creditor on Schedule D (Official<br>chedule E/F, or Schedule G to fill |
|                               | Column 1: Your codebtor<br>Name, Number, Street, City, State and Z | P Code  |                                | Column 2: The credi                                       | tor to whom you owe the debt that apply:  |
| 3.1                           | Name   |   |                                | Schedule D, line Schedule E/F, line Schedule G, line      | e   |
|                               | Number Street<br>City  | State   | ZIP Code                       | -   |   |
| 3.2                           | Name   |   |                                | ☐ Schedule D, line☐ Schedule E/F, line☐ Schedule G, line☐ |   |
|                               | Number Street<br>City  | State   | ZIP Code                       | _   |   |

| <b>-</b> :  |  |   |   |            |      |                 |                |            |                         |          |
|-------------|--|---|---|------------|------|-----------------|----------------|------------|-------------------------|----------|
|             | in this information to identify your optor 1  Jason Andr   |   |   |            |      |                 |                |            |                         |          |
|             | otor 2   |   |   |            | _    |                 |                |            |                         |          |
| Uni         | ted States Bankruptcy Court for the  | e: DISTRICT OF OREG                                   | ON  |            |      |                 |                |            |                         |          |
|             | se number<br>  |   | -   |            |      |                 | amended        | •          | g postpetition          | chapter  |
| O:          | fficial Form 106I  |   |   |            |      |                 |                |            | ollowing date:          |          |
|             | chedule I: Your Inc  | omo   |   |            |      | MM              | / DD/ YY       | ΥY         |                         | 12/15    |
| spo<br>atta | plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  t1: Describe Employment  Fill in your employment | ur spouse is not filing w<br>On the top of any additi | ith you, do not inclu                               | ıde infor  | mati | on about yo     | our spou       | ıse. If mo | ore space is            | needed,  |
| ١.          | information.   |   | Debtor 1  |            |      |                 |                |            | ling spouse             |          |
|             | If you have more than one job, attach a separate page with information about additional  | Employment status                                     | <ul><li>■ Employed</li><li>□ Not employed</li></ul> |            |      |                 | Employ  Not em |            |                         |          |
|             | employers.   | Occupation  | Front desk age                                      | nt         |      |                 |                |            |                         |          |
|             | Include part-time, seasonal, or self-employed work.  | Employer's name                                       | Pinapple Hospi                                      | tality     |      |                 |                |            |                         |          |
|             | Occupation may include student or homemaker, if it applies.  | Employer's address                                    | 155 108th Ave<br>Bellevue, WA 9                     |            |      |                 |                |            |                         |          |
|             |  | How long employed t                                   | here? 2 1/2 m                                       | nonths     |      |                 |                |            |                         |          |
| Par         | t 2: Give Details About Mo   | nthly Income  |   |            |      |                 |                |            |                         |          |
|             | mate monthly income as of the cuse unless you are separated.   | late you file this form. If                           | you have nothing to I                               | eport for  | any  | line, write \$0 | 0 in the s     | pace. Inc  | clude your no           | n-filing |
|             | u or your non-filing spouse have m<br>e space, attach a separate sheet to  |   | ombine the information                              | on for all | empl | oyers for tha   | at person      | on the li  | nes below. If           | you need |
|             |  |   |   |            |      | For Debto       | or 1           |            | btor 2 or<br>ing spouse |          |
| 2.          | List monthly gross wages, sala deductions). If not paid monthly,   |   |   | 2.         | \$   | 2,51            | 13.00          | \$         | N/A                     |          |
| 3.          | Estimate and list monthly over   | time pay.   |   | 3.         | +\$  |                 | 0.00           | +\$        | N/A                     |          |
| 4.          | Calculate gross Income. Add li   | ne 2 + line 3.  |   | 4.         | \$   | 2,513.          | .00            | \$         | N/A                     |          |

Official Form 106l Schedule I: Your Income page 1

|     |                 |   |           |     | For         | Debtor 1 |       |             | Debtor |             |                    |
|-----|-----------------|---|-----------|-----|-------------|----------|-------|-------------|--------|-------------|--------------------|
|     | Сору            | y line 4 here   | 4.        |     | \$          | 2,513    | 3.00  | \$          |        | N/A         |                    |
| 5.  | List a          | all payroll deductions:   |           |     |             |          |       |             |        |             | _                  |
|     | 5a.             | Tax, Medicare, and Social Security deductions   | 5a        |     | \$          | 57!      | 5.00  | \$          |        | N/A         | 1                  |
|     | 5b.             | Mandatory contributions for retirement plans  | 5b        |     | \$          |          | 0.00  | \$          |        | N/A         |                    |
|     | 5c.             | Voluntary contributions for retirement plans  | 5c        |     | \$          |          | 0.00  | \$          |        | N/A         |                    |
|     | 5d.             | Required repayments of retirement fund loans  | 5d        |     | \$          |          | 0.00  | \$          |        | N/A         | _                  |
|     | 5e.             | Insurance   | 5e        |     | \$_         | 107      | 7.00  | \$_         |        | N/A         |                    |
|     | 5f.             | Domestic support obligations  | 5f.       |     | \$_         | (        | 0.00  | \$          |        | N/A         | <u>\</u>           |
|     | 5g.             | Union dues  | 5g        |     | \$          | (        | 0.00  | \$          |        | N/A         | <del>\</del>       |
|     | 5h.             | Other deductions. Specify:  | 5h        | .+  | \$_         | (        | 0.00  | + \$ _      |        | N/A         | 1                  |
| 6.  | Add             | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.        |     | \$_         | 682      | 2.00  | \$          |        | N/A         | <u>\</u>           |
| 7.  | Calc            | ulate total monthly take-home pay. Subtract line 6 from line 4.   | 7.        |     | \$_         | 1,83     | 1.00  | \$          |        | N/A         | <u>\</u>           |
| 8.  | List a<br>8a.   | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a        |     | \$          |          | 0.00  | \$          |        | N/A         |                    |
|     | 8b.             | Interest and dividends  | 8b        |     | \$<br>_     |          | 0.00  | \$<br>-     |        | N/A         |                    |
|     | 8c.             | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce   |           |     | · —         |          |       | -           |        |             |                    |
|     | 04              | settlement, and property settlement.  Unemployment compensation   | 8c.<br>8d |     | \$_<br>\$   |          | 0.00  | \$_<br>\$   |        | N/A         | _                  |
|     | 8d.<br>8e.      | Social Security   | 8e        |     | <b>\$</b> - |          | 0.00  | <b>\$</b> - |        | N/A         |                    |
|     | 8f.             | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:          | 8f.       |     | \$          |          | 0.00  | \$_         |        | N/A         |                    |
|     | 8g.             | Pension or retirement income  | 8g        |     | \$_         |          | 0.00  | \$_         |        | N/A         | <u> </u>           |
|     | 8h.             | Other monthly income. Specify:  | _ 8h      | .+_ | \$_<br>     | (        | 0.00  | + \$_       |        | N/A         | <u>\</u>           |
| 9.  | Add             | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.        | \$  | <b>.</b>    | (        | 0.00  | \$_         |        | N           | <b>'</b> A         |
| 10. |                 | ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10.       | \$_ |             | 1,831.00 | + \$_ |             | N/A    | = \$ _      | 1,831.00           |
| 11. | Includ<br>other | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives.  ot include any amounts already included in lines 2-10 or amounts that are not sify:              | depe      |     |             | •        |       |             |        | e J.<br>+\$ | 0.00               |
| 12. |                 | the amount in the last column of line 10 to the amount in line 11. The resethat amount on the Summary of Schedules and Statistical Summary of Certaines   |           |     |             |          |       |             | 12.    | \$          | 1,831.00           |
| 13. | Do ye           | ou expect an increase or decrease within the year after you file this form No.  | ?         |     |             |          |       |             |        | Comb        | ined<br>nly income |
|     | П               | Yes Explain:  |           |     |             |          |       |             |        |             |                    |

Official Form 106l Schedule I: Your Income page 2

| Fill       | in this information                                 | on to identify yo                                  | our case.                             |   |                         | •          |       |                                     |                               |       |
|------------|---|--|---------------------------------------|---|-------------------------|------------|-------|-------------------------------------|-------------------------------|-------|
|            |   |  |                                       |   |                         |            |       |                                     |                               |       |
| Deb        | tor 1   | Jason Andre  | w Lewis                               |   |                         |            |       | if this is:                         |                               |       |
| Deb        | tor 2   |  |                                       |   |                         |            |       | n amended filing<br>supplement show | ving postpetition cha         | apter |
| (Spc       | ouse, if filing)                                    |  |                                       |   |                         | _          |       |                                     | he following date:            |       |
| Unit       | ed States Bankru                                    | ptcy Court for the                                 | : DISTRI                              | CT OF OREGON  |                         |            | М     | M / DD / YYYY                       |                               |       |
| Cas        | e number  |  |                                       |   |                         |            |       |                                     |                               |       |
| (lf kı     | nown)   |  |                                       |   |                         |            |       |                                     |                               |       |
| Of         | fficial For   | m 106J   |                                       |   |                         |            |       |                                     |                               |       |
| Sc         | chedule   | J: Your  | Exper                                 | ses   |                         |            |       |                                     |                               | 12/15 |
| Be a       | as complete ar<br>ormation. If mo<br>mber (if known | nd accurate as<br>re space is ne<br>). Answer ever | possible.<br>eded, atta<br>y question | If two married people ch another sheet to the           |                         |            |       |                                     |                               |       |
| Par        | t 1: Describ  | be Your House                                      | hold                                  |   |                         |            |       |                                     |                               |       |
| ١.         | No. Go to I   |  |                                       |   |                         |            |       |                                     |                               |       |
|            |   |  | in a senar:                           | ate household?  |                         |            |       |                                     |                               |       |
|            | □ 103. <b>2003</b>                                  |  | iii a sopaii                          | ate nousenoid.  |                         |            |       |                                     |                               |       |
|            |   |  | st file Offici                        | al Form 106J-2, <i>Expens</i>                           | ses for Separate House  | ehold of D | ebtor | · 2.                                |                               |       |
| 0          |   |  |                                       |   |                         |            |       |                                     |                               |       |
| 2.         | •   | dependents?  | ■ No                                  |   |                         |            |       |                                     |                               |       |
|            | Do not list Del<br>Debtor 2.                        | btor 1 and   | ☐ Yes.                                | Fill out this information for each dependent            | •                       |            |       | Dependent's age                     | Does dependent live with you? |       |
|            | Do not state th                                     |  |                                       |   |                         |            |       |                                     | □ No                          |       |
|            | dependents n  | ames.  |                                       |   |                         |            | _     |                                     | □ Yes<br>□ No                 |       |
|            |   |  |                                       |   |                         |            |       |                                     | ☐ Yes                         |       |
|            |   |  |                                       |   |                         |            | _     |                                     | □ No                          |       |
|            |   |  |                                       |   |                         |            |       |                                     | ☐ Yes                         |       |
|            |   |  |                                       |   |                         |            |       |                                     | □ No                          |       |
| •          | <b>D</b>  |  | _                                     |   |                         |            |       |                                     | ☐ Yes                         |       |
| 3.         | expenses of   | enses include<br>people other t<br>your depende    | han $_{m \Box}$                       | No<br>Yes   |                         |            |       |                                     |                               |       |
| Par        | t 2: Estima   | te Your Ongoi                                      | na Monthi                             | v Expenses  |                         |            |       |                                     |                               |       |
| Est<br>exp | imate your exp                                      | penses as of yo                                    | our bankrı                            | uptcy filing date unless<br>y is filed. If this is a su |                         |            |       |                                     |                               |       |
| Incl       | lude expenses                                       | paid for with I                                    | non-cash                              | government assistance                                   | e if you know           |            |       |                                     |                               |       |
|            | value of such<br>ficial Form 106                    |  | d have inc                            | luded it on Schedule I                                  | : Your Income           |            |       | Your expe                           | enses                         |       |
| (OII       | iiciai Foi iii 100                                  | )ı. <i>)</i>                                       |                                       |   |                         |            |       |                                     |                               |       |
| 4.         |   | home owners<br>d any rent for the                  |                                       | ses for your residence<br>r lot.                        | . Include first mortgag | e<br>4.    | \$    |                                     | 765.00                        |       |
|            | If not include                                      | ed in line 4:                                      |                                       |   |                         |            |       |                                     |                               |       |
|            | 4a. Real es   | state taxes  |                                       |   |                         | 4a.        | \$    |                                     | 0.00                          |       |
|            |   | y, homeowner's                                     | s, or renter                          | 's insurance  |                         | 4b.        |       |                                     | 18.00                         |       |
|            |   |  | •                                     | ipkeep expenses   |                         | 4c.        | - 1   |                                     | 0.00                          |       |
| _          |   | wner's associat                                    |                                       |   | h                       | 4d.        |       |                                     | 0.00                          |       |
| 5.         | Additional m  | ortgage payme                                      | ents for yo                           | our residence, such as l                                | nome equity loans       | 5.         | \$    |                                     | 0.00                          |       |

| ebtor 1 | Jason Andrew Lewis  | Case num     | ber (if known) |                          |
|---------|---|--------------|----------------|--------------------------|
| Utili   | ties:   |              |                |                          |
| 6a.     | Electricity, heat, natural gas  | 6a.          | \$             | 58.00                    |
| 6b.     | Water, sewer, garbage collection  | 6b.          | \$             | 40.00                    |
| 6c.     | Telephone, cell phone, Internet, satellite, and cable services  | 6c.          | \$             | 110.00                   |
| 6d.     | Other. Specify:   | 6d.          | \$             | 0.00                     |
|         | d and housekeeping supplies   | 7.           | \$             | 300.00                   |
|         | dcare and children's education costs  | 8.           | \$             | 0.00                     |
|         | hing, laundry, and dry cleaning   | 9.           | \$             | 20.00                    |
|         |   |              | \$             |                          |
|         | sonal care products and services  | 10.          | · :            | 30.00                    |
|         | ical and dental expenses  | 11.          | \$             | 10.00                    |
|         | sportation. Include gas, maintenance, bus or train fare. ot include car payments.   | 12.          | \$             | 75.00                    |
|         | ertainment, clubs, recreation, newspapers, magazines, and books   | 13.          | \$             | 50.00                    |
|         | ritable contributions and religious donations   | 14.          | ·              | 0.00                     |
|         | rance.  | 14.          | Ψ              | 0.00                     |
|         | ot include insurance deducted from your pay or included in lines 4 or 20.   |              |                |                          |
|         | Life insurance  | 15a.         | \$             | 0.00                     |
|         | Health insurance  | 15b.         | \$             | 0.00                     |
|         | Vehicle insurance   | 15b.         | \$             |                          |
|         |   |              | · :            | 0.00                     |
|         | Other insurance. Specify:   | 15d.         | \$             | 0.00                     |
| Spe     | es. Do not include taxes deducted from your pay or included in lines 4 or 20.   | 16.          | \$             | 0.00                     |
|         | allment or lease payments:  |              | Ψ              | 0.00                     |
|         | Car payments for Vehicle 1  | 17a.         | \$             | 0.00                     |
|         | Car payments for Vehicle 2  | 17a.         | \$             | 0.00                     |
|         | Other. Specify: IRS and state of oregon   | 17b.<br>17c. | ·              | 350.00                   |
|         | Other. Specify: IRS and state of oregon Other. Specify:   | 17c.         | ·              |                          |
|         | r payments of alimony, maintenance, and support that you did not report a   |              | Ψ              | 0.00                     |
|         | r payments of allmony, maintenance, and support that you did not report a<br>ucted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I)   |              | \$             | 0.00                     |
|         | er payments you make to support others who do not live with you.  | •            | \$             | 0.00                     |
| Spe     |   | 19.          | •              |                          |
|         | er real property expenses not included in lines 4 or 5 of this form or on <i>Sch</i>  |              | our Income.    |                          |
|         | Mortgages on other property   | 20a.         |                | 0.00                     |
|         | Real estate taxes   | 20b.         | ·              | 0.00                     |
|         | Property, homeowner's, or renter's insurance  | 20c.         | ·              | 0.00                     |
|         | Maintenance, repair, and upkeep expenses  | 20d.         | ·              | 0.00                     |
|         | Homeowner's association or condominium dues   | 20a.<br>20e. | ·              | 0.00                     |
|         |   | 20e.<br>21.  |                |                          |
| Otne    | er: Specify:  |              | +φ             | 0.00                     |
| Calc    | ulate your monthly expenses   |              |                |                          |
|         | Add lines 4 through 21.   |              | \$             | 1,826.00                 |
| 22b.    | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   |              | \$             | ,:                       |
|         | Add line 22a and 22b. The result is your monthly expenses.  |              | \$             | 1,826.00                 |
| 220.    | The into 224 and 225. The result is your monthly expenses.  |              | Ψ              | 1,020.00                 |
| Calc    | culate your monthly net income.   |              |                |                          |
| 23a.    | Copy line 12 (your combined monthly income) from Schedule I.  | 23a.         | \$             | 1,831.00                 |
|         | Copy your monthly expenses from line 22c above.   | 23b.         | -\$            | 1,826.00                 |
|         |   |              |                | ,                        |
| 23c.    | Subtract your monthly expenses from your monthly income.  |              |                | F 00                     |
|         | The result is your monthly net income.  | 23c.         | \$             | 5.00                     |
| For e   | rou expect an increase or decrease in your expenses within the year after you can be a compared to finish paying for your car loan within the year or do you expect you fication to the terms of your mortgage? |              |                | or decrease because of a |
|         | 0.  |              |                |                          |
| ΠY      |   |              |                |                          |

| Fill in this inform             | nation to identify your                       | case:   |                          |                           |  |
|---------------------------------|---|---|--------------------------|---------------------------|--|
| Debtor 1                        | Jason Andrew Le                               | wis   |                          |                           |  |
|                                 | First Name                                    | Middle Name   | Last Name                |                           |  |
| Debtor 2<br>(Spouse if, filing) | First Name                                    | Middle Name   | Last Name                |                           |  |
| United States Bar               | nkruptcy Court for the:                       | DISTRICT OF OREGON  |                          |                           |  |
| Case number                     |   |   |                          |                           | ☐ Check if this is an                                    |
|                                 |   |   |                          |                           | amended filing   |
| Official Form  Declarati        |   | n Individual D  | ebtor's Sch              | edules                    | 12/15  |
| If two married peo              | ople are filing togethe                       | , both are equally responsi   | ble for supplying correc | t information.            |  |
| obtaining money                 |   | le bankruptcy schedules or<br>n connection with a bankrup<br>519, and 3571. |                          |                           |  |
| Sign                            | Below   |   |                          |                           |  |
| Did you pay                     | or agree to pay some                          | one who is NOT an attorney  | to help you fill out ban | kruptcy forms?            |  |
| ■ No                            |   |   |                          |                           |  |
| ☐ Yes. N                        | ame of person                                 |   |                          |                           | Petition Preparer's Notice, ignature (Official Form 119) |
|                                 | ty of perjury, I declare<br>true and correct. | that I have read the summa  | ry and schedules filed w | vith this declaration and |  |
| X /s/ Jaso                      | on Andrew Lewis                               |   | X                        |                           |  |
|                                 | Andrew Lewis<br>e of Debtor 1                 |   | Signature of De          | btor 2                    |  |
| Date S                          | eptember 12, 2019                             |   | Date                     |                           |  |
|                                 |   |   |                          |                           |  |

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules** 

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Best Case Bankruptcy

| Fill  | in this inforn             | nation to identify you           | r case:  |   |  |   |
|---|----------------------------|----------------------------------|--|---|--|---|
| Del   | btor 1                     | Jason Andrew L                   |  |   |  |   |
|   | btor 2<br>buse if, filing) | First Name First Name            | Middle Name  Middle Name   | Last Name  Last Name                                  |  |   |
| ` '   | , 0,                       |                                  |  | Last Name   |  |   |
| Uni   | ited States Ba             | nkruptcy Court for the:          | DISTRICT OF OREGON   |   |  |   |
|   | se number _                |                                  |  |   | _  | Check if this is an amended filing                    |
| Sta<br>Be a<br>info   | as complete a              | of Financial                     | attach a separate sheet to   | re filing together, both are                          | ankruptcy<br>equally responsible for sup<br>additional pages, write yo |   |
| Pa  | rt 1: Give D               | Details About Your Ma            | rital Status and Where You   | Lived Before  |  |   |
| 1.  | What is you  Married       | r current marital statu          | is?  |   |  |   |
|   | Not mai                    | rried                            |  |   |  |   |
| 2.  | During the I               | ast 3 years, have you            | lived anywhere other than  | where you live now?                                   |  |   |
|   | ■ No □ Yes. Lis            | st all of the places you I       | ived in the last 3 years. Do no  | ot include where you live now                         | <i>'</i> .   |   |
|   | Debtor 1 Pr                | ior Address:                     | Dates Debtor 1 lived there   | Debtor 2 Prior Ac                                     | dress:   | Dates Debtor 2<br>lived there                         |
| <b>3.</b><br>stat   |                            |                                  |  |   | ity property state or territor<br>co, Texas, Washington and V          |   |
|   | ■ No □ Yes. Ma             | ake sure you fill out <i>Scl</i> | nedule H: Your Codebtors (Of   | ficial Form 106H).                                    |  |   |
| Pa  | rt 2 Explai                | in the Sources of You            | r Income   |   |  |   |
| 4.  | Fill in the tota           | al amount of income yo           | nployment or from operatin<br>u received from all jobs and a<br>have income that you receive | all businesses, including part                        |  | ndar years?   |
|   | □ No ■ Yes. Fil            | I in the details.                |  |   |  |   |
|   |                            |                                  | Debtor 1   |   | Debtor 2   |   |
|   |                            |                                  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                             | Gross income<br>(before deductions<br>and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: |                            |                                  | ☐ Wages, commissions, bonuses, tips \$16,009.96  |   | ☐ Wages, commissions, bonuses, tips                                    |   |
|   |                            |                                  | Operating a business   |   | ☐ Operating a business   |   |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

**Creditor's Name and Address** 

□ No.

Yes

Dates of payment

attorney for this bankruptcy case.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

Total amount paid

List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not

include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an

Amount you still owe Was this payment for ...

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Case number (if known)

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Official Form 107

Debtor 1

**Jason Andrew Lewis** 

page 3

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Debtor 1          | Jason Andrew Lewis   | Case number  | (if known)               |  |
|-------------------|--|--|--------------------------|--|
| D 5               |  |  |                          |  |
| Part 5:           | List Certain Gifts and Contribution  | ns   |                          |  |
| 13. <b>Witl</b> ■ | hin 2 years before you filed for bank No Yes. Fill in the details for each gift.   | ruptcy, did you give any gifts with a total value of more t  | than \$600 per person?   | ?  |
|                   | ts with a total value of more than \$6   | 00 Describe the gifts  | Dates you gave           | Value  |
| per               | person   |  | the gifts                | value  |
|                   | rson to Whom You Gave the Gift and dress:  | i  |                          |  |
|                   | No   | ruptcy, did you give any gifts or contributions with a total   | al value of more than    | \$600 to any charity?                          |
|                   | Yes. Fill in the details for each gift or  |  |                          |  |
| mo<br>Cha         | ts or contributions to charities that<br>re than \$600<br>arity's Name<br>dress (Number, Street, City, State and ZIP Coc | ·  | Dates you<br>contributed | Value  |
| Part 6:           | List Certain Losses  |  |                          |  |
|                   | nin 1 year before you filed for bankru<br>ambling?   | uptcy or since you filed for bankruptcy, did you lose any  | thing because of thef    | t, fire, other disaster                        |
|                   | No   |  |                          |  |
|                   | Yes. Fill in the details.  |  |                          |  |
| Des               | scribe the property you lost and   | Describe any insurance coverage for the loss   | Date of your             | Value of property                              |
| hov               | w the loss occurred  | Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  | loss                     | lost   |
| Part 7:           | List Certain Payments or Transfer  | rs   |                          |  |
| con               | sulted about seeking bankruptcy or   | uptcy, did you or anyone else acting on your behalf pay preparing a bankruptcy petition? preparers, or credit counseling agencies for services require |                          | rty to anyone you                              |
|                   | No   |  |                          |  |
|                   | Yes. Fill in the details.  |  |                          |  |
| Pai               | rson Who Was Paid  | Description and value of any property  | Date payment             | Amount of                                      |
| Ad<br>Em          | dress iail or website address rson Who Made the Payment, if Not  | transferred  | or transfer was<br>made  | payment  |
| Bri               | ian Wheeler<br>39 NE Hancock St  | Attorney Fees  | 8/15/2019                | \$1,414.00                                     |
| Po                | E 304<br>rtland, OR 97212<br>an@brian-wheeler.com  |  |                          |  |
|                   |  |  |                          | <u>,                                      </u> |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| 17. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  Do not include any payment or transfer that you listed on line 16.   |   |  |   |              |   |   |
|-----|---|---|--|---|--------------|---|---|
|     |   | No<br>Voc Fill in the details   |  |   |              |   |   |
|     | ш   | Yes. Fill in the details.   |  |   |              |   |   |
|     |   | son Who Was Paid<br>dress   | Description and v transferred  | alue of any pro                                 | perty        | Date payment<br>or transfer was<br>made                 | Amount of<br>payment                          |
| 18. | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. |   |  |   |              |   |   |
|     |   | No<br>Yes. Fill in the details.   |  |   |              |   |   |
|     |   | son Who Received Transfer<br>dress  | Description and v<br>property transferr                                  |   | payme        | be any property or<br>nts received or debts<br>exchange | Date transfer was made                        |
|     | Per   | son's relationship to you   |  |   |              |   |   |
| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)  No   |   |  |   |              |   |   |
|     |   | Yes. Fill in the details.   |  |   |              |   |   |
|     | Nar   | ne of trust   | Description and v  | Description and value of the property transferr |              |   | Date Transfer was made                        |
| Par | 8:  | List of Certain Financial Accounts, Ins   | truments, Safe Deposit   | Boxes, and St                                   | orage Units  | ;   |   |
| 20. | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  |   |  |   |              |   |   |
|     |   | No<br>Yes. Fill in the details.   |  |   |              |   |   |
|     | N.  | as of Financial Institution and   | Look A dinito of   | T of occor.                                     |              | Data assessmt was                                       | l aat balanaa                                 |
|     |   | me of Financial Institution and<br>dress (Number, Street, City, State and ZIP<br>e) | Last 4 digits of account number  | Type of accou                                   |              | Date account was closed, sold, moved, or transferred    | Last balance<br>before closing or<br>transfer |
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?  |   |  |   |              |   |   |
|     |   | No<br>Yes. Fill in the details.   |  |   |              |   |   |
|     |   | me of Financial Institution<br>dress (Number, Street, City, State and ZIP Code)     | Who else had acc<br>Address (Number, S<br>State and ZIP Code)            |   | Describe the | he contents   | Do you still have it?                         |
| 22. | Have  | e you stored property in a storage unit o   | ·  | home within 1                                   | year before  | you filed for bankruptc                                 | y?  |
|     | Ц   | Yes. Fill in the details.   |  |   |              |   |   |
|     |   | me of Storage Facility<br>dress (Number, Street, City, State and ZIP Code)          | Who else has or h<br>to it?<br>Address (Number, S<br>State and ZIP Code) |   | Describe the | he contents   | Do you still have it?                         |
|     |   |   |  |   |              |   |   |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Par  | tt 9: Identify Property You Hold or Control for So   | omeone Else  |                    |                                     |                       |  |
|--|--|--|--------------------|-------------------------------------|-----------------------|--|
| 23.  | Do you hold or control any property that someon for someone.   | e else owns? Include any prope   | rty yo             | ou borrowed from, are storing for   | , or hold in trust    |  |
|  | ■ No □ Yes. Fill in the details.   |  |                    |                                     |                       |  |
|  | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)          | De                 | scribe the property                 | Value                 |  |
| Par  | rt 10: Give Details About Environmental Informat   | ion  |                    |                                     |                       |  |
| For  | the purpose of Part 10, the following definitions a  | pply:  |                    |                                     |                       |  |
|  | Environmental law means any federal, state, or lotoxic substances, wastes, or material into the air regulations controlling the cleanup of these substances. | , land, soil, surface water, groun   | _                  | •                                   |                       |  |
|  | Site means any location, facility, or property as d to own, operate, or utilize it, including disposal s   |  | law,               | whether you now own, operate, o     | or utilize it or used |  |
|  | Hazardous material means anything an environm hazardous material, pollutant, contaminant, or sin   |  | s wa               | ste, hazardous substance, toxic s   | ubstance,             |  |
| Rep  | ort all notices, releases, and proceedings that you  | ı know about, regardless of whe  | n the              | y occurred.                         |                       |  |
| 24.  | Has any governmental unit notified you that you  | may be liable or potentially liable  | e und              | ler or in violation of an environme | ental law?            |  |
|  | ■ No □ Yes. Fill in the details.   |  |                    |                                     |                       |  |
|  | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code)        | nd                 | Environmental law, if you know it   | Date of notice        |  |
| 25.  | Have you notified any governmental unit of any re  | elease of hazardous material?  |                    |                                     |                       |  |
|  | ■ No □ Yes. Fill in the details.   |  |                    |                                     |                       |  |
|  | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code)        | nd                 | Environmental law, if you know it   | Date of notice        |  |
| 26.  | Have you been a party in any judicial or administr   | rative proceeding under any env  | rironr             | mental law? Include settlements a   | and orders.           |  |
|  | ■ No □ Yes. Fill in the details.   |  |                    |                                     |                       |  |
|  | Case Title Case Number   | Court or agency<br>Name<br>Address (Number, Street, City,<br>State and ZIP Code) | Nature of the case |                                     | Status of the case    |  |
| Par  | tt 11: Give Details About Your Business or Conne   | ections to Any Business  |                    |                                     |                       |  |
| 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? |  |  |                    |                                     | business?             |  |
|  | ■ A sole proprietor or self-employed in a tra  | ade, profession, or other activity   | , eith             | er full-time or part-time           |                       |  |
|  | ☐ A member of a limited liability company (  | LLC) or limited liability partnersh  | nip (L             | LP)                                 |                       |  |
|  | ☐ A partner in a partnership   |  |                    |                                     |                       |  |
|  | ☐ An officer, director, or managing executive  | ve of a corporation  |                    |                                     |                       |  |
|  | ☐ An owner of at least 5% of the voting or e   | quity securities of a corporation  | ı                  |                                     |                       |  |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| No. None of the above applies. Go to Part 12.   Yes. Check all that apply above and fill in the details below for each business.   Business Name   Address   Name of accountant or bookkeeper   Name of accountant or bookkeeper   Do not include Social Security number or ITIN.   Dates business existed   EIN: 9136   EIN: 9136   From-To 6/2017-6/2019  | Deb             | tor 1 Jason Andrew Lewis   | C   | ase number ( | if known)                                      |  |  |
|---|-----------------|--|---|--------------|--|--|--|
| Business Name Address (Number, Street, City, State and ZIP Code)  Name of accountant or bookkeeper  Driving for Lyft  Jason Lewis A111 NE Broadway St Apt 206 Portland, OR 97232  Business existed EIN: 9136 From-To 6/2017-6/2019  28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.  No Yes. Fill in the details below.  Name Address (Number, Street, City, State and ZIP Code)  Date Issued  Address (Number, Street, City, State and ZIP Code)  Part 122  Sign Below  I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  Isl Jason Andrew Lewis Jason Andrew Lewis Jason Andrew Lewis Signature of Debtor 1  Date September 12, 2019 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filling for Bankruptcy (Official Form 107)?  No Yes  Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?   |                 | ■ No. None of the above applies. Go to l   | Part 12.  |              |  |  |  |
| Address (Number, Street, City, State and ZIP Code)  Jason Lewis Jason Lewis A111 NE Broadway St Apt 206 Portland, OR 97232  28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.  No Yes. Fill in the details below.  Name Address (Number, Street, City, State and ZIP Code)  Part 122 Sign Below  I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  Is/ Jason Andrew Lewis |                 | ■ Yes. Check all that apply above and fil  | I in the details below for each business.   |              |  |  |  |
| Jason Lewis 4111 NE Broadway St Apt 206 Portland, OR 97232  Bithin 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.  Date Issued  Address (Number, Street, City, State and ZIP Code)  Part 12: Sign Below  Date Issued  Address (Number, Street, City, State and ZIP Code)  Part 13: Sign Below  I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  Is U.S.C. §§ 152, 1341, 1519, and 3571.  Is/ Jason Andrew Lewis Signature of Debtor 1  Date September 12, 2019  Date  Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filling for Bankruptcy (Official Form 107)?  No Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?   |                 | Address  | Describe the nature of the business   |              | Do not include Social Security number or ITIN. |  |  |
| 4111 NE Broadway St Apt 206 Portland, OR 97232  From-To 6/2017-6/2019  28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.  No No Ses. Fill in the details below.  Name Address (Number, Street, City, State and ZIP Code)  Part 12: Sign Below  Part 12: Sign Below  I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  Is U.S.C. §§ 152, 1341, 1519, and 3571.  Is/S Jason Andrew Lewis Jason Andrew Lewis Jason Andrew Lewis Signature of Debtor 1  Date September 12, 2019 Date  Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?  No Yes  Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?  |                 | (Number, Street, City, State and ZIP Code)   | Name of accountant or bookkeeper  | Dates bus    |  |  |  |
| Portland, OR 97232 From-To 6/2017-6/2019  28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.  No Yes. Fill in the details below.  Name Address (Number, Street, City, State and ZIP Code)  Part 12: Sign Below  I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  18 U.S.C. §§ 152, 1341, 1519, and 3571.  Is/Jason Andrew Lewis Jason Andrew Lewis Signature of Debtor 1  Date September 12, 2019 Date  Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?  No Yes  Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?  |                 |  | Driving for Lyft  | EIN:         | 9136   |  |  |
| institutions, creditors, or other parties.  No Yes. Fill in the details below.  Name Address (Number, Street, City, State and ZIP Code)  Part 12: Sign Below  I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  18 U.S.C. §§ 152, 1341, 1519, and 3571.  /s/ Jason Andrew Lewis Jason Andrew Lewis Signature of Debtor 2  Signature of Debtor 1  Date September 12, 2019  Date  Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?  No Yes  Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?   |                 |  |   | From-To      | 6/2017-6/2019                                  |  |  |
| Address (Number, Street, City, State and ZIP Code)  Part 12: Sign Below  I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connectic with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  18 U.S.C. §§ 152, 1341, 1519, and 3571.  //s/ Jason Andrew Lewis  Jason Andrew Lewis  Signature of Debtor 2  Signature of Debtor 1  Date September 12, 2019  Date  Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?  No  Yes  Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?   |                 | institutions, creditors, or other parties.   | tcy, did you give a financial statement to a  | anyone abou  | t your business? Include all financial         |  |  |
| I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  18 U.S.C. §§ 152, 1341, 1519, and 3571.  //s/ Jason Andrew Lewis  Jason Andrew Lewis  Signature of Debtor 2  Signature of Debtor 1  Date  September 12, 2019  Date  Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?  No  Yes  Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?  No  |                 | Address  | Date Issued   |              |  |  |  |
| are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  18 U.S.C. §§ 152, 1341, 1519, and 3571.   /s/ Jason Andrew Lewis  Jason Andrew Lewis  Signature of Debtor 2  Signature of Debtor 1  Date  September 12, 2019  Date  Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?  No  Yes  Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?  | Part            | 12: Sign Below   |   |              |  |  |  |
| Date September 12, 2019  Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?  No Yes  Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?  No  | are t with 18 U | rue and correct. I understand that making a<br>a bankruptcy case can result in fines up to<br>.S.C. §§ 152, 1341, 1519, and 3571.<br>Jason Andrew Lewis<br>on Andrew Lewis | false statement, concealing property, or \$250,000, or imprisonment for up to 20 years. | obtaining mo | oney or property by fraud in connection        |  |  |
| Did you attach additional pages to <i>Your Statement of Financial Affairs for Individuals Filing for Bankruptcy</i> (Official Form 107)?  ■ No □ Yes  Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ■ No  |                 |  | Date  |              |  |  |  |
| Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?  No   | Did y<br>■ N    | you attach additional pages to Your Stateme  |   | ng for Bankr | uptcy (Official Form 107)?                     |  |  |
|   | Did y<br>■ N    | vou pay or agree to pay someone who is no  | , ., .  | •            | re (Official Form 119).                        |  |  |